COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF

PUBLIC HEALTH DEPARTMENT

and SCHOOL HEALTH SERVICE

For the Year 1957

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:

Alderman Mrs. M. Broom

Vice-Chairman:

Councillor Mrs. V. Muncy

The Mayor

Alderman Mrs. C. Leyland, O.B.E.
Councillor Mrs. H. Crawford.
Councillor Mrs. W.M. Dalwood.
Councillor C.P. Elmore, A.M. Inst., W. & H.S.
Councillor Miss E. Fowler
Councillor Mrs. F.B. Godfree.

Alderman B.S. Clarke, Ph.C., M.P.S.
Councillor D.W. Horner.
Councillor A.H. Pilkington.
Councillor Mrs. G. Poole.
Councillor E.J. Simpkins.
Councillor S.A. Telford.
Councillor Mrs. C.J.M. Warry.
Councillor P.E. Watkins

Co-opted Members:

G. Foster-Taylor, Esq.
Dr. C.A.G. Cato.

Mrs. L.R. Lewis.

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs. A.E. Jarvis, G. Foster-Taylor, Esq., and Revd. J.D. Mann, M.A.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs. A.E. Jarvis, Mrs. L.R. Lewis and Dr. C.A.G. Cato.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with Mesdames A.E. Jarvis, L.R. Lewis and F.E. Monk.

JOINT HEALTH AND EDUCATION COMMITTEE

Chairman: Councillor L.W. Johnson.
Vice-Chairman: Alderman Mrs. M. Broom.

The Mayor

Alderman H.N. Bride.
Councillor Mrs. H. Crawford.
Councillor Mrs. W.M. Dalwood.
Councillor Miss E. Fowler.
Councillor Mrs. F. Godfree

Alderman Mrs. C. Leyland, O.B.E.
Alderman P.B. Renshaw, I.S.O.
Councillor Mrs. V. Muncy.
Councillor A.V. Mussett.
Councillor Mrs. G. Poole.

Municipal Health Centre,
Warrior Square,
Southend-on-Sea.

Telephone: Southend 49451.

ANNUAL REPORT

This report is compiled in accordance with Ministry of Health Circular 1/58.

It records the achievements of my staff, which are made possible by the consideration and support we receive from the Committees we serve.

To both I am more indebted than I can say.

J. Stevenson Logan.

MEDICAL OFFICER OF HEALTH

VITAL STATISTICS, 1957.

POPULATION

Census 1951	151,830
At mid-year 1957 as estimated by Registrar General	156,800
At mid-year 1939 as estimated by Registrar General	137,800

			SOUTHEND-ON-SEA	England and Wales.	London Administrative County
			Rates per 1,000 population		
Births: Live -					
Total		2,091	14.14+	16.1	16.2
Males	1,074				
Females	1,017				
			Rates per 1,000 Total Births		
Births: Still-			18.31	22.4	20.0
Total		39			
Males	22				
Females	17				
			Rates per 1,000 Population		
Deaths:					
Total		2,142	11.47+	11.5	11.4
Males	1,028				
Females	1,114				
Deaths from:					
Whooping Cough		1	0.00	0.00	0.00
Diphtheria		-	-	0.00	0.00
Respiratory Tuberculosis		17	0.11	0.09	0.12
Influenza		21	0.13	0.15	0.12
Acute Poliomyelitis		1	0.00	0.00	0.00
Pneumonia		78	0.50	0.51	0.65
Cancer of Lung and Bronchus		101	0.64	0.43	0.61
Males	89		1.26	0.76	1.09
Females	12		0.14	0.12	0.19
			Rates per 1,000 Live Births		
Deaths from all causes under 1 year of age-					
Total		40	19.13	23.0	21.9
Males	23				
Females	17				
Deaths from Enteritis and Diarrhoea under 2 years of age		3	1.43	0.50	0.45
			Rates per 1,000 Total Births		
Women dying in, or in consequence of, childbirth:		1	0.47	0.47	0.52

NOTE 1 The rates marked + are adjusted rates, being calculated by multiplying the "crude" rates by comparability factors namely Births 1.06 Deaths 0.84.

2 The rates for England and Wales are based by the Registrar General on the quarterly returns and are "provisional".

POPULATION

The estimated mid-year population was 156,800 being 1,000 more than mid-1956.

BIRTHS.

There were 2,091 live births, the highest total since 1950, and 125 more than in 1956. While this is the biggest difference between an two years since 1950, our expectation about the relative stability of the figure, continues to be fulfilled.

Illegitimate births totalled 127, 34 more than last year, and the highest total since 1952.

Stillbirths

The 39 stillbirths registered during the year were 1 less than in 1956, representing 18.3 per thousand (total births).

DEATHS.

The deaths of 2,142 residents were registered during the year, the comparable figure for 1956 being 2,139. Male mortality rose by 33 to 1,028, while female mortality fell by 30 to 1,114.

Tuberculosis

There were 17 deaths from pulmonary tuberculosis, 11 male and 6 female, a decrease of 3 on the last year. The rate, 0.11 per thousand population, is just below the London rate of 0.12, but for the second year in succession is *above* the rate for England and Wales, which is now 0.09. Its significance will be discussed in the section of the report dealing with tuberculosis.

Cancer

There were 419 deaths (214 males and 205 females), 35 more than in 1956. Of the 32 additional male deaths, 8 were due to an increase in lung cancer, and the remainder to malignant disease of other sites. Female deaths from malignant neoplasms of the uterus rose from 8 to 23, although the total female mortality from malignancy only rose by 3. As will be seen from the figures below, the inexorable rise in deaths from lung and bronchial cancer goes on, and no one can say when it will be arrested.

Lung and Bronchus Cancer

Year	Male	Female	Total
1950	37	12	49
1951	70	14	84
1952	74	14	88
1953	61	9	70
1954	58	12	70
1955	43	3	46
1956	81	16	97
1957	89	12	101

Vascular Lesions of the Nervous System

There were 349 deaths (142 males and 207 females from these causes.

Heart Diseases

These caused 725 deaths (345 males and 380 females), 14 fewer than in 1956. It is of interest to note that deaths attributed to coronary disease and angina rose by 49 to 414, a rise which was offset in part by a decrease of 25 in the total ascribed to hypertension with heart disease. These variations probably owe as much to current fashions in diagnosis as to any other cause.

Violence

Motor vehicle accidents caused 13 deaths (7 males and 6 females) The total is the same as that for 1955 and is disappointing when compared with the 8 deaths from this cause in 1956.

All other accidents caused 46 deaths (20 males and 26 females) being 5 more than in the previous year. Deaths from suicide rose from 16 to 24. Of these 4 males were between the age of 25 and 45, 7 between 45 and 65, 3 were aged 65-75, and 2 were over 75. Of the female suicides, 1 was in the age group 25-45, 6 were between 45 and 65, and 1 between 65 and 75.

Infant Mortality

Deaths registered in the first year of life totalled 40, 8 more than in 1956. The official infant mortality rate thus rose from 16.28 per thousand live births in 1956 to 19.13 per thousand. As was pointed out in last year's report, 3 deaths occurring at the end of 1956 were actually registered in 1957, and so the actual rates for the two years are 17.8 and 17.7 respectively. The rate of 19.3 compares favourably with the national rate of 23.0 and the Administrative County of London rate of 21.9.

Maternal Mortality

One death was attributed to maternal causes, representing a rate of 0.47 per thousand total births which is the same as that returned for England and Wales.

Deaths of Children of School Age

There were 6 deaths of children aged 5-15, an increase of 3 on last year.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole time.

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health, Principal School Medical Officer.

John Conway Preston, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H., Deputy Medical Officer of Health; Deputy Principal School Medical Officer.

John Greenhalgh, M.B., B.S.(Lond.) M.R.C.S.(Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.)., D.P.H.(Lond.), Assistant Medical Officer of Health; School Medical Officer.

Dorothy Irene Klein, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical Officer of Health, School Medical Officer.

Edgar Crees Austen, L.D.S., R.C.S.(Eng.), Principal School Dental Officer.

Medical Staff and Dental Staff; Part time.

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E.G.Sita-Lumsden, M.A., M.D.(Cantab.), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S.(Eng.), L.R.C.P. (Lond.)., Medical Officer, Southchurch Infant Centre.

Mary Cecila Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer, Westcliff Infant Clinic and Shoeburyness Infant Clinic.

Thomas Lee, M.A., M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic. until 18.4.57.

Keith Edwin Mortimer, M.R.C.S., L.R.C.P. from 25.4.57.

Richard John Cremer, M.B., B.S., D.C.H., Medical Officer, Southend Infant Centre (Paediatric Registrar, General Hospital, Southend-on-Sea.)

G.Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

Principal Lay Officer, Chief Clerk and Ambulance Officer.

Ernest A. Beasant.

Deputy Chief Clerk

W.Knowles.

Senior Administrative Assistant.

S.F.Jupp.

Health Visitors and School Nurses:

Superintendent: Miss E.M.M.Roberts (a), (b), (c), (cc), (h).

Miss M.N. Withams (a), (b), (c), (cc).

Miss D.E.Stevens, (a),(b),(c),(d).
Mrs. A.M.Hart, (a),(b),(c),(e).
Miss F.L.Blackbourn (a),(b),(c).
Miss M.K.Lock (a),(b),(c). Resigned 24.5.57
Mrs. J.M.Fairfax, (a),(Ib), (c),(i).
Mrs. U.MacGrath (a),(b),(c),(h).
Miss M. Brennan (a),(b),(c),(d).
Miss J.M.Gaillard, (a),(Ib),(c).
Miss E.J.Watson (a),(Ib),(c). Appointed 9.10.57.
Miss M.E.Kidder (a),(Ib),(c). Resigned 23.2.57
Miss M.E.Bryant (a),(b),(c).
Miss M.W.Nichols (a),(b),(c),(d).
Miss K. Noonan (a),(b),(c),(d),(e).
Mrs. L.Roshier (a),(Ib),(c) Appointed 1.10.57

Student Health Visitors Under Training
Miss M.A.L.Fowles (a),(b) Appointed 7.1.57.
Miss P.M.Reeves (a),(b) Appointed 7.1.57.
Miss R.G.H.Payne(a),(Ib) Appointed 23.9.57.

Tuberculosis Health Visitors:
Mrs. C.M.Wilson (a),(b),(c),
Miss M.A.Lukey (a),(b) Resigned 31.3.57.

Municipal Midwives:
Miss K.Boosey, (b)
Mrs. F.D.Etherington (b). Retired 31.7.57
Miss W.M.Randall (a), (b).
Mrs. P.Priest (b).
Miss R. Hodges,(b)
Mrs. C.M.Guildford,(a),(b)
Mrs. S.A.Franklin,(a),(b).
Miss O.M.Cooper, (a),(b) Seconded for Midwives Teacher Training from 1.1.57 to 30.6.57.
Miss D.A.I.King, (a), (b).
Miss V.F.Dermott (a),(b),(d)
Mrs. M.I.Laker (a),(b),(d).
Mrs. S.E.Pelikan,(a),(b) Appointed 1.1.57

District Nurses:
Full-time Staff:
Superintendent of District Nurses and Midwives,
Miss D.G.Head, (a), (b), (c), (d).
Deputy Superintendent of District Nurses and Midwives,
Miss G.M.Willcocks (a),(b),(c),(d),(h).
Miss C.Gallehawk, (a)
Mrs. R.R.Clark (a),(d).
Miss F.Poskitt (a),(k)
Mrs. A.L.Ventris (g).
J.Guildford, (a),(d) .
E.Stephenson (a),(d).

Miss W.M.Haines (a).
D.C.Pepper (a), (d). Resigned 31.7.57.
F.J.Sinn (a), (d),
Miss V.H. Hart, (a), (d).
Miss W.M.Bartlett (a), (b), (d).
Miss S.M.Cosham (a), (d).
Miss B.E.Bourdon (a), (Ib).
Miss V.A.Hicks (a),(Ib),Seconded for Queen's Nurse Training 30.9.57.
Mrs. E.B.Beckwith (a).
Miss J.Banks (a), (b).
Miss B.E. Hobbs (a), (b),(d).
Miss D. Burton (a),(d).
Miss J.Gammon (a), (b), (d).
Miss D.Bicknell (a), (b).
Mrs. R.Blake (a).
Mrs. A. Hillman (e)
R.G. Borley (a) Appointed 1.8.57
Miss N. Grant (a), (b), (d) Appointed from Training 1.1.57
Mrs. E. Dollemore (a) Appointed 8.7.57.
Miss G.M.Simpson, (a), (b), (d), Appointed from Training 1.9.57

Part-time Staff:

Mrs. V.M.Baker (a), (b).
Mrs. F.V. Monk, (a), (b),
Mrs. C. Cumberland (a).
Miss H. Maddox, (a)
Mrs. I.Beckwith (a)
Mrs. B.Brown (a)
Mrs. A.Ayres (a) Resigned 5.7.57
Mrs. C.Jolly (a)
Mrs. G.Garforth (a), Resigned 31.8.57
Mrs. D.M.McCrea (a) Resigned 22.3.57
Mrs. M. Walters (a).
Mrs. J. Smith (a). Resigned 31.12.57
Mrs. M. Marsh (a)
Mrs. M.I. Hemmings (a).
Mrs. H. Riley (a), (b)
Mrs. S. Thomas (a) Appointed 6.8.57.

a = State Registered Nurse .
Ib = Part I, Midwifery Certificate.
b = State Certified Midwife.
c = Health Visitor's Certificate.
cc = Battersea Polytechnic Health Visitor's Diploma.
d = Queen's Nurse.
e = Certificate of R.M.P.A.
f = State Registered Mental Nurse.
g = State Enrolled Assistant Nurse.
h = State Registered Fever Nurse.
i = Diploma in Social Studies, University of London.

Chief Public Health Inspector:

R. A. Drake, B.E.M., F.R.S.H.

Deputy Chief Public Health Inspector:

A. C. Arnold (j), (k)

Public Health Inspectors:

E. A. Smith (j), (k).
A. E. Riches (j), (k)
A. G. Nightingale, (j), (k)
D. G. Paterson, (j), (k)
L. G. Owen, (j), (k)
D. J. Gwynn (j), (k)
G. L. Cline (j)
D. H. Gilkes (j) Appointed 4.12.57

Pupil Public Health Inspectors:

J. H. Bullock
M. E. Salmon
A. F. Barnard
D. F. Edge
E. D. Long
J. E. H. Hillier

Hygiene Assistant:

G. C. Reynolds

Rodent Officer:

G. Wheeler

j = Certificate of R.S.H. and Sanitary Inspectors Examination Joint Board
k = Certificate of R.S.H. for Inspection of Meat and Other Foods.

Home Teachers to the Blind:

Miss N. G. Westby, Certificated Home Teacher.
Miss P. E. Spurway, Certificated Home Teacher.

Mental Deficiency Officer:

Miss M. A. Brock, Social Studies Certificate, University of London.

Duly Authorised Officers:

E. W. Smith
G. Dawson

Whole-time District Nurses who act as relief for Duly Authorised Officers:

E. Stephenson
D. C. Pepper Resigned 31.7.57
R. G. Borley From 2.9.57

Supervisor of Home and Domestic Helps:

Mrs. F. E. M. Goddard

Superintendent of Connaught House:
W.L.Jones

Matron of Crowstone House:

Mrs. F.M.Ratcliffe

Matron of Pantile House:
Mrs.Y.F.G.Brewer Appointed 12.8.57

Supervisor of Occupation Centre:
Miss V.E.W.Hodgson

STAFF OF THE PUBLIC HEALTH DEPARTMENT

The maintenance of your staff at a satisfactory level continued to be difficult. In general it can be said that recruitment is slow, tedious and not without its disappointments. It is increasingly apparent that the local government service will be forced to pay more attention to, and spend more money on, the training of staff, at the same time improving the prospects for its officers before all the deterrents to recruitment are removed.

Dr. Thomas Lee, part-time medical officer to the Burnham Road clinic, left to practise in Canada on 18.4.57, being succeeded by Dr. Keith Edwin Mortimer.

Miss M.K.Lock, health visitor and school nurse,, resigned to take up a public health nursing appointment in Alberta, and her colleague Miss M.E.Kidder emigrated to California. Miss M.A.Lukey, tuberculosis health visitor, also left to take up an appointment in Canada.

Miss E.J.Watson was reappointed health visitor and school nurse after a period of work in another field of nursing, while Mrs. L.Roshier came from Thornaby-on-Tees to fill one of the vacancies in this section.

The municipal midwifery service finally lost the services of Mrs. F.D.Etherington, who had reached the age for retirement some time previously. Mrs.Etherington was in private practice in Southend for many years before the Midwives Act of 1936 was enacted and joined your domiciliary midwifery service at its inception. She will long be gratefully remembered by a multitude of families for her cheerful acceptance of all the hard work and personal inconvenience of her calling, and by her colleagues for her bold acceptance of responsibility in professional emergencies and her intrepidity during the war.

Miss O.M.Cooper was seconded to take full-time instruction for the Midwife Teacher's Diploma of the Central Midwives Board. The Health Committee is to be congratulated on this progressive

decision, because the survival of domiciliary midwifery depends, at least in part, on making it professionally attractive to those who find a vocation in this work.

Miss S.E.Pelikan, known to some of our mothers by her previous service in the Midwifery Unit at Rochford Hospital, was appointed to take over the Shoebury area which became vacant by the resignation of Mrs. Smith.

The arrangements under which the training of health visitors is sponsored were continued with the appointment of Miss Fowles, Miss Reeves and Miss Payne as students during the year.

The Home Nursing Service learned with much satisfaction that its Supervisor, Miss D.G.Head had been presented with the 21-year service badge of the Queen's Institute by H.R.H. The Duchess of Kent. Mr.D.C.Pepper resigned from the Home Nursing Service on securing a Mental Health Service appointment in Middlesex and was replaced by Mr. R.G.Borley. Miss Gillians left the service and Miss V.A.Hicks was seconded for full-time Queen's training. Mrs. A. Ayres, Mrs. G. Garforth, Mrs. D.M. MacCrae and Mrs. T. Smith, part-time nurses, resigned and Mrs.S.Thomas joined the staff.

Mr.D.H.Gilkes, pupil public health inspector qualified in December and was appointed to the inspectorate.

Mr. D.J. Gwynn obtained the Meat and Other Foods Inspector's Certificate.

Mrs. Y.F.G.Brewer was appointed the first matron of your new Part III Home - Pantile House.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.
NATIONAL HEALTH SERVICE ACTS, 1946 - 52
NATIONAL ASSISTANCE ACTS, 1948 - 51

The Council's Public Health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible also for the authority's functions under the National Assistance Act, 1948. (Section 50 excepted).

The Health Committee is formed of 15 members of the Council together with 3 co-opted members, representing the Southend Group (No.15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively. With the exception of matters specifically

delegated to its 3 Sub-Committees, the Health Committee deals directly with all the duties referred to it. The Sub-Committees are.

Maternity and Child Welfare Sub-Committee.
Care, After-Care and Welfare Sub.Committee.
Residential Accommodation Sub-Committee.

Each Sub-Committee consists of the whole of the Council members of the Health Committee, together with 3 co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-Care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are to be inferred from its title.

With the exception of some matters concerned with the enforcement of statutory requirements and by-laws, the granting of licences and the effecting of registrations, the Health Committee has no delegated powers, nor has any substantial difficulty been caused by their absence.

The medicial officer of health is generally responsible for control, supervision and co-ordination of the services, while his deputy is more particularly concerned with the School Medical Service, infectious diseases, the mental deficiency section and general assistance with administration. The principal lay officer is responsible for the day to day administration of after-care, welfare and residential accommodation, as well as the supervision of the ambulance service, the domestic help scheme and the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the over-all co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected, to secure adequate co-operation and mutual help at their own levels. So far these arrangements have proved to be both economical and fully adequate.

EXPENDITURE

Local Health Services statistics 1956/57 prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

For all County Boroughs the total expenditure per 1,000 population rose from £979.5s.0d to £1,069.17s.0d so, for the first time, the average county borough is now spending £1 per head of population on local authority health services. Your gross costs have risen from £701.11.0d to £771.4s.0d,your increase being £69.13s.0d as compared with £90.12s.0d for the county boroughs as a whole. Even allowing for the fact that you have no day nurseries you still spend £213.4s.0d less than the average.

There are now six county boroughs which spend less than Southend, whereas in the previous year there were five. With the exception of Blackpool however the identity of these lower expenditure county boroughs has changed completely, Bournemouth, Brighton,Eastbourne and Hastings being displaced by Chester, Northampton, Portsmouth, Southampton and Tynemouth. It will be seen from the following table that the various low-cost authorities spend quite dissimilar amounts on the respective services:-

	Day Nurseries	Child Welfare Centres	Midwifery	Midwifery Cost per case	Health Visiting	Ambulance Service	Domestic Help	Domestic Help Cost per Case	Administration
Blackpool	12.13	65.0	28.16	11.2	44.16	235.16	57.5	32.1	136.10
Chester	-	41.17	80.3	15.4	57.10	143.14	68.4	43.13	85.16
Northampton	40.1	57.17	64.2	17.14	35.16	109.3	70.4	28.8	104.6
Portsmouth	35.14	41.9	77.13	12.15	60.12	140.1	31.19	19.15	144.10
Southampton	4.10	79.12	69.13	8.7	48.0	153.15	87.17	34.10	108.0
Tynemouth	.11	17.10	94.14	16.17	56.8	268.4	8.15	12.6	112.5
Southend	-	29.7	58.18	12.17	38.10	160.7	136.6	23.14	147.0

The most striking difference in your unit costs between 1955/56 and 1956/57 is seen in the cost per attendance at the Occupation Centre which has fallen from 12s. to 10s. per attendance.

1956-57

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

S indicates group which includes Southend-on-Sea
(s) indicates group which included Southend-on-Sea in 1955/56
A indicates group which includes the average
(a) indicates group which included the average in 1955/56

Care of Mothers & Young Children						*Midwifery*		*Health Visiting*		
Child Welfare Centres			*Other expenditure, inc. Maternity Sets.*							
Group		No.	Group		No.	Group	No.	Group		No.
Up to £30	S (s)	7	Nil		4	Up to £30	3	Up to £30		4
£30 - £40		5	Up to £5		10	£30 - £40	5	£30 - £40	S (s)	9
£40 - £50		10	£5 - £10	S (s)	11	£40 - £50	5	£40 - £50		5
£50 - £60		10	£10 - £15		14	£50 - £60 S (s)	5	£50 - £60		15
£60 - £70	(a)	12	£15 - £20	A (a)	16	£60 - £70	9	£60 - £70	(a)	12
£70 - £80	A	12	£20 - £25		13	£70 - £80	11	£70 - £80	A	22
£80 - £90		9	£25 - £50		11	£80 - £90 A (a)	11	£80 - £90		4
£90 - £100		8	£50 and over		3	£90 - £100	12	£90 - £100		6
£100 and over		11				£100 - £125	13	£100 and over		6
						£125 - £150	6			
						£150 and over	3			
Average 1956/7	£74. 3. 0.		Average 1956/7	£18. 2. 0.		Average 1956/7	£85. 7. 0.	Average 1956/7	£71.13. 0.	
Southend "	£29. 7. 0.		Southend "	£ 6. 2. 0.		Southend "	£58.18. 0.	Southend "	£38.10. 0.	
Average 1955/6	£67. 7. 0.		Average 1955/6	£17. 2. 0.		Average 1955/6	£88.18. 0.	Average 1955/6	£65. 3. 0.	
Southend "	£28.12. 0.		Southend "	£ 6. 3. 0.		Southend "	£55. 4. 0.	Southend "	£35. 8. 0.	

1956-57

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

S indicates group which includes Southend-on-Sea
(s) indicates group which included Southend-on-Sea 1955/56
A indicates group which includes the average
(a) indicates group which included the average in 1955/56

Home Nursing		*Vaccination and Immunisation*		*Ambulance Service*		*Domestic Help*	
Group	No.	Group	No.	Group	No.	Group	No.
£25 - £50	1	Up to £2	3	£75 - £100	1	Up to £25	2
£50 - £75	5	£2 - £4 (s)	9	£100 - £125	4	£25 - £50	4
£75 - £100	15	£4 - £6 S	25	£125 - £150 (s)	10	£50 - £75	18
£100 - £125 A(a)S(s)	29	£6 - £8	16	£150 - £175 S	10	£75 - £100 (a)	15
£125 - £150	14	£8 - £10 A (a)	9	£175 - £200 A (a)	18	£100 - £125 A	13
£150 - £175	7	£10 - £12	8	£200 - £225	15	£125 - £150 S (s)	8
£175 - £200	7	£12 - ££14	5	£225 - £250	10	£150 - £175	10
£200 and over	5	£14 - £16	-	£250 - £275	10	£175 - £200	4
		£16 - £18	3	£275 and over	5	£200 - £225	4
		£18 - £20	-			£225 - £250	1
		£20 and over	5			£250 and over	4
Average 1956/57 £119.19.0.		Average 1956/57 £9. 4. 0.		Average 1956/57 £198.19.0.		Average 1956/57 £116. 5. 0.	
Southend " £120. 9.0		Southend " £5. 5. 0.		Southend " £160. 7.0.		Southend " £136. 6. 0.	
Average 1955/56 £109. 5.0.		Average 1955/56 £8. 5. 0.		Average 1955/56 £180. 0.0.		Average 1955/56 £ 99.10. 0.	
Southend " £103. 9.0.		Southend " £3.13. 0.		Southend " £143.15.0.		Southend " £131.13. 0.	

1956/57

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

S indicates group which includes Southend-on-Sea
(s) indicates group which included Southend-on-Sea in 1955/56
A indicates group which includes the average
(a) indicates group which included the average in 1955/56

Prevention of Illness, Care & After-Care				*Mental Health*			
Tuberculosis		*Other Services*		*Occupation Centres*		*Other Services*	
Group	No.	Group	No.	Group	No.	Group	No.
Up to £4	4	Nil	3	Nil	4	Up to £5	5
£5 - £10	10	Up to £5	22	Up to £5	1	£5 - £10	1
£10 - £15	18	£5 - £10 S (s)	22	£5 - £10	-	£10 - £15	5
£15 - £20 S (s)	13	£10 - £15	15	£10 - £15	4	£15 - £20 S (s)	16
£20 - £25 A (a)	12	£15 - £20 A (a)	7	£15 - £20 S (s)	4	£20 - £25 (a)	15
£25 - £30	10	£20 - £25	6	£20 - £25	2	£25 - £30 A	13
£30 - £35	4	£25 - £30	3	£25 - £30	5	£30 - £35	7
£35 - £40	4	£30 and over	6	£30 - £35 (a)	10	£35 - £40	6
£40 - £45	3			£35 - £40	12	£40 - £45	12
£45 - £50	-			£40 - £45 A	7	£45 - £50	2
£50 and over	4			£45 - £50	12	£50 and over	1
				£50 and over	22		
Average 1956/7 £24.19. 0.		Average 1956/7 £17.14. 0.		Average 1956/7 £40.16. 0.		Average 1956/7 £25. 7. 0.	
Southend " £19.12. 0.		Southend " £ 5.17. 0.		Southend " £18. 1. 0.		Southend " £19. 7. 0.	
Average 1955/6 £24. 4. 0.		Average 1955/6 £16. 5. 0.		Average 1955/6 £33. 7. 0.		Average 1955/6 £23. 2. 0.	
Southend " £15.17. 0.		Southend " £ 5.17. 0.		Southend " £19. 2. 0.		Southend " £16.15. 0.	

UNIT COSTS

S indicates group which includes Southend-on-Sea
(s) indicates group which included Southend-on-Sea in 1955/56
A indicates group which includes the average
(a) group which included the average in 1955/56

Administration *Net Expenditure per 1,000 population*			*Child Welfare Centres* *Cost per attendance*			*Midwifery* *Cost per Maternity Case Attended*		
Group		No.	Group		No.	Group		No.
Up to £100		7	2/- - 2/11		6	£7 - £8		2
£100 - £110		5	3/- - 3/11	S (s)	10	£8 - £9		3
£110 - £120		5	4/- - 4/11		11	£9 - £10		4
£120 - £130		3	5/- - 5/11		10	£10 - £11		6
£130 - £140	(s)	6	6/- - 6/11	A (a)	15	£11 - £12	(s)	13
£140 - £150	(a) S	8	7/- - 7/11		11	£12 - £13	A S	14
£150 - £160		9	8/- - 8/11		8	£13 - £14		6
£160 - £170	A	6	9/- - 9/11		3	£14 - £15	(a)	7
£170 - £180		9	10/- and over		9	£15 - £16		8
£180 - £190		6				£16 - £17		4
£190 - £200		2				£17 - £18		8
£200 and over		17				£18 - £19		2
						£19 - £20		1
						£20 and over		5
Average 1956/7	£163. 8. 0.		Average 1956/7	6/6		Average 1956/7	£12. 19. 0.	
Southend "	£147. 0. 0.		Southend "	3/5		Southend "	£12. 17. 0.	
Average 1955/6	£143. 9. 0.		Average 1955/6	6/1		Average 1955/6	£14. 2. 0.	
Southend "	£132. 10. 0.		Southend "	3/5		Southend "	£11. 18. 0.	

UNIT COSTS

S indicates group which includes Southend-on-Sea
(S) indicates group which included Southend-on-Sea in 1955/56
A indicates group which includes the average
(a) indicates group which included the average in 1955/56

Health Visiting Cost per visit			*Home Nursing Cost per visit*			*Domestic Help Cost per case*			*Occupation Centre Cost per attendance*		
Group		No.	Group		No.	Group		No.	Group		No.
1/- - 1/11		2	Up to 1/11		1	£10 - £15		2	Up to 7/11		5
2/- - 2/11		4	2/- - 2/5		1	£15 - £20		13	8/- - 8/11		5
3/- - 3/11	S (S)	13	2/6 - 2/11		1	£20 - £25	S	19	9/- - 9/11		6
4/- - 4/11	(a)	15	3/- - 3/5	(S) S	8	£25 - £30	A(a)(S)	16	10/- - 10/11	S	3
5/- - 5/11	A	21	3/6 - 3/11	(a)	17	£30 - £35		13	11/- - 11/11		6
6/- - 6/11		13	4/- - 4/5	A	18	£35 - £40		5	12/- - 12/11	(S)(a)	7
7/- - 7/11		7	4/6 - 4/11		14	£40 - £45		3	13/- - 13/11	A	11
8/- - 8/11		2	5/- - 5/5		13	£45 and over		2	14/- - 14/11		6
9/- - 9/11		2	5/6 - 5/11		4				15/- - 15/11		2
10/- and over		2	6/- and over		6				16/- - 16/11		5
									17/- and over		21
Average 1956/7	5s. 7d.		Average 1956/7	4s. 3d.		Average 1956/7	£26.13.0.		Average 1956/7	13s. 2d.	
Southend "	3s. 3d.		Southend "	3s. 5d.		Southend "	£23.14.0.		Southend "	10s. 0d.	
Average 1955/6	4s.10d.		Average 1955/6	3s.11d.		Average 1955/6	£25. 0.0.		Average 1955/6	12s. 2d.	
Southend "	3s. 5d.		Southend "	3s. 0d.		Southend "	£25. 2.0.		Southend "	12s. 0d.	

Welfare Services Statistics 1956/57 prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

I am indebted to the Borough Treasurer for some observations which have been embodied in these notes.

Over the past few years the average cost for all County Boroughs has been moving toward our own figure. In 1956/57 our cost per 1,000 population, which had been comparatively stationary since 1953, rose sharply by £67.19s:0d due to the inclusion of a part year's loan charges on Pantile House and an increase in the number of persons cared for by the Committee. The following table gives the relevant details:-

Year	*Cost per 1,000 of population*				*No.of C.B's. with higher costs*	*No.of C.B's with higher No. of persons per 1,000 accommodated 1st January.*
	Average		*Southend*			
	£.	s.	£.	s.		
1953-54	220	11	303	0	26	16
1954-55	242	6	310	13	30	10
1955-56	252	5	300	13	39	7
1956-57	297	16	368	12	33	4

It is to be noted that the average county borough accommodates 1.99 persons per 1,000 population in its Part III accommodation whereas Southend-on-Sea accommodated 3.08. There are, in fact, only four county boroughs, namely Bournemouth (3.35), Dewsbury (3.15), Gateshead (3.21) and Gloucester (3.37) which make more ample provision.

It is also appropriate to remark that whereas the average English county accommodated 1.53 persons per 1,000 population in Part III accommodation, the Essex County Council accommodates only 1.33 per 1,000.

The net cost per resident week at Connaught House continues to be below average, in fact only 8 authorities show a lower cost for this kind of accommodation. Once more it is necessary to point out that this low cost is due, in part, to the serious overcrowding which still has to be tolerated at Connaught House.

It would appear that no fewer than 53 county boroughs have no homes which accommodate more than 50 residents, and the most likely explanation of this is that their institutions have been incorporated in the national hospital system, possibly as joint user institutions. This illustrates very clearly the unequal burden which the transfers under the National Health Service Act, 1946, have bequeathed to different local authorities, and taken in conjunction with the high proportion of the elderly in your population, explains why with the provision of 3.08 beds per 1,000 population your Part III accommodation remains under an almost intolerable pressure.

		Counties (excluding London)			County Boroughs			All Authorities			Southend		
Persons accommodated on night of 31st December, 1956.	Residential Accommodation	40,521			25,438			73,757			479		
	Temporary Accommodation	1,827			1,686			4,439					
	Per 1,000 population	1.53			1,99			1.75			3.08		
Persons on register at 31st March, 1957	Blind Persons	67,731			36,724			114,805			511		
	Deaf & Dumb Persons	13,051			10,947			24,064			-		
Analysis of Net Expenditure and Grants, per 1,000 Population-		£	s	d	£	s	d	£	s	d	£	s	d
Total Residential Homes		238	17	0	297	16	0	270	1	0	368	12	0
Total Temporary Accommodation		1	17	0	6	11	0	4	3	0	-	-	-
Total Residential and Temporary Accommodation		240	14	0	304	7	0	274	4	0	368	12	0
Special Welfare Services - Blind Persons		33	0	0	70	13	0	45	1	0	16	17	0
- Other Services		7	6	0	16	4	0	10	11	0	-	-	-
Other Expenses		60	14	0	80	-	-	69	12	0	49	13	0
Total Net Expenditure chargeable to Rates and Grants		351	9	0	481	7	0	408	11	0	449	18	0
Welfare Service Grants		6	15	0	18	9	0	10	14	0	3	15	0
Net Rate borne Expenditure		344	14	0	462	18	0	397	17	0	446	3	0
Cost per Resident Week													
Residential Homes for over 50 persons provided by the Authority		4	19	5	4	18	8	4	19	1	4	6	1

WELFARE SERVICES STATISTICS 1956/57

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS.

"A" indicates group in which average occurs.
(a) indicates group in which average for 1955/56 occurred.
"S" indicates group in which Southend-on-Sea occurs.
(s) indicates group in which Southend-on-Sea occurred in 1955/56.

Residential Homes		*Residential and Temporary Accommodation*		*Blind Persons*		*Other Services*	
Group	*No.*	*Group*	*No.*	*Group*	*No.*	*Group*	*No.*
£100 - £149	5	£100 - £149	4	**£10 - £19 S (s)**	5	**Under £2 S (s)**	3
£150 - £199	5	£150 - £199	6	£20 - £29	9	£2 - £4	4
£200 - £249	12	£200 - £249	12	£30 - £39	11	£4 - £6	10
£250 - £299 A (a)	13	£250 - £299 (a)	11	£40 - £49	10	£6 - £8	13
£300 - £349 (s)	8	£300 - £349 (s) A	9	£50 - £59	6	£8 -£10	4
£350 - £399 S	15	**£350 - £399 S**	16	£60 - £69 (a)	5	£10 -£12 (a)	6
£400 - £449	15	£400 - £449	15	£70 - £79 A	6	£12 -£14	6
£450 and over	10	£450 and over	10	£80 - £89	13	£14 -£16	6
				£90 - £99	4	£16 -£18 A	4
				£100 and over	14	£18 -£20	4
						£20 and over	23
Average: 1956/57 1955/56		1956/57 1955/56		1956/57 1955/56		1956/57 1955/56	
£297.16.0. £252.5.0		£304.7.0. £258.6.0.		£70.13.0. £66.3.0.		£16.4.0. £11.13.0.	
Southend:							
£368.12.0. £300.13.0.		£368.12.0. £300.12.0.		£16.17.0. £13.13.0.		Nil. 1s.	

Other Expenses		*Total - All Services*		*Cost per Resident Week Residential Houses for over 50 persons provided by the Authority*	
Group	*No.*	*Group*	*No.*	*Group*	*No.*
£20 - £29	-	£150 - £199	-	60/- - 64/-	-
£30 - £39	1	£200 - £249	1	65/- - 69/-	-
£40 - £49 S	8	£250 - £299	6	70/- - 74/-	-
£50 - £59 (s)	10	£300 - £349	2	75/- - 79/-	-
£60 - £69	8	£350 - £399 (a) S (s)	16	80/- - 84/- (s)	6
£70 - £79 (a)	9	£400 - £449	8	85/- - 89/- (a) S	6
£80 - £89 A	7	£450 - £499 A	7	90/- - 94/-	1
£90 - £99	4	£500 - £549	11	95/- - 99/- A	5
£100 and over	36	£550 - £599	12	100/- and over	12
		£600 and over	20		

Average:	1956/57	1955/56	1956/57	1955/56	1956/57	1955/56
	£80.0.0.	£71.3.0.	£462.18.0.	£394.12.0.	98/8d	88/7d.
Southend:						
	£49.13.0.	£51.17.0.	£446.3.0.	£363.5.0.	86/1d	80/4d.

The National Health Service Act, 1946, Part III

SECTION 22, CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

INFANT CLINICS. These were held at 2.15 p.m. as under.

Shoeburyness:
Council Offices, High Street, Doctor's Clinic 1st and 3rd Tuesdays.
Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:
70 Burnham Road, Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch);
Municipal Health Centre, Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:
Eastwood Baptist Church Hall, 2nd and 4th Fridays - Health Visitor's Clinic.

Westcliff:
St.Andrew's Church Hall, Wednesdays and Fridays.

North Avenue:
Ferndale Road Baptist Church, Wednesdays - Health Visitors' Clinic.

Manners Way:
St.Stephen's Church. Tuesdays - Health Visitor's Clinic.

Thorpe Bay:
St.Audrey's, 1st and 3rd Fridays - Health Visitor's Clinic until 15.3.57.
Transferred to St.Augustine's Church Hall 5.4.57: thereafter held on alternate Fridays.

Blenheim:
St.James's Church Hall. Alternate Wednesdays - Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions.

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Ave.	Thorpe Bay	Blenheim	Total
No.of sessions held	102	101	92	53	24	99	52	51	25	24	623
No.of individuals who attended and who at the end of the year were;											
Under 1 ...	234	228	211	75	75	332	72	123	47	85	1482
Aged 1 year ...	183	159	217	73	51	254	93	107	24	66	1227
Aged 2 to 5 ...	186	237	176	84	25	248	32	27	18	10	1043
Total attendances of-											
Infants under 1	3701	3007	3112	1235	930	4728	1229	2016	551	855	21364
Children aged 1 year ...	456	526	507	271	101	618	171	340	97	90	3177
Children aged 2 to 5 ...	277	363	215	155	4	299	8	35	17	9	1382
No.of children aged 1 to 5 subjected to routine medical inspections ...	159	379	313	71	†	365	†	†	†	†	1287

Packets of National Dried Milk distributed totalled 5,737 of which 135 were supplied free of charge.

Vitamin Preparations:-

Cod Liver Oil	...	3,319
Fruit Juice, Orange	...	20,358
Vitamin Tablets	...	1,582

† A medical officer does not attend these clinics.

The report for 1956 stated that many of your clinics "are conducted in unsuitable premises and staff work under unavoidable handicaps", and went on to discuss the uses and the probable future of clinic premises. It is therefore unnecessary further to comment on this matter at the present time.

Infant Clinic Attendances

The total number of children using the infant clinics and the attendances made by them, once more showed little significant change from the previous year. The total of individual children under the age of one rose by 29 to 1482, which is very close to 75% of the live births during the period. There were 50 fewer children aged 1 to 2 in attendance, but there were 91 more attendances by the 2 to 5 age groups.

Individual children under the age of one attending at Westcliff increased by 31, at Thorpe Bay by 17, at Southchurch by 58, and at Eastwood by 25, whereas Southend showed a decrease of 21, Leigh 8, North Avenue 32, and Blenheim 8.

Welfare and Other Foods

The distribution of National Dried Milk and vitamins through your clinics and selected retailers was continued. Two more changes occurred in Government policy. As from April 6th, 1957, the price of a 20 oz. tin of National Dried Milk was raised from 10½d to 2s.4d. It is considered that the decrease in the amount supplied under these arrangements, that is from 7,314 tins to 5,757 tins, was connected with the rise in price. This is more likely because a mother purchasing National Dried Milk is required to surrender tokens which would otherwise make her eligible to buy one pint of milk per day at half the standard price. The prospect of losing a concession worth 2s.4d per week, and one which fits in well with the marketing for the household as a whole, is no doubt an important factor in the decline.

It may not be without significance that the amount of proprietary foods distributed through the clinics rose from 14,270 tins in 1956 to 16,563 tins in the following year.

In October a report of the Joint Sub-Committee on Welfare Foods was produced by the Central and Scottish Health Services Council Standing Medical Advisory Committee and circulated by the Ministry of Health and Department of Health for Scotland. The Committee recommended that welfare orange juice should continue to be supplied to children under the age of 2, but discontinued after the second birthday because scurvy is virtually non-existent above that age. It also recommended that cod liver oil should continue to be provided up to the age of 5, but that the amount of vitamin D should be reduced to 400 international units per

teaspoonful. An infant fed on National Dried Milk should only receive a daily dose of 7 or 8 drops of the oil.

It also recommended a reduction in the level of fortification of National Dried Milk to between 90 and 100 international units per ounce of dried powder, and that the level of vitamin D in cereal foods should be reduced to 300 international units per ounce. The object of these recommendations is to ensure that an infant who receives no cod liver oil will nevertheless be protected from rickets by the vitamin in either National Dried Milk or infant cereal. On the other hand, even the consumption of cod liver oil, National Dried Milk, and fortified cereals will not be likely to produce hypervitaminosis.

It also recommended that welfare orange juice and vitamin A and D supplements should continue to be supplied to expectant and nursing mothers.

The restriction of the issue of orange juice to children under the age of 2 was the least welcome of the changes made as a result of this report, and the Committee's recommendation to do this was not unanimous, there being two dissentients. No doubt many families regretted the withdrawal of supplies which made an acceptable summer drink for many members of the family, but at the time of writing one has seen no mention in the medical press and journals of any alleged unfortunate consequences from this administrative act.

ANTE-NATAL CLINICS

Municipal Health Centre: Monday 9.15 a.m; Tuesday 9.15 a.m; Wednesday 2 p.m; Thursday 9.15 a.m; Friday 9.15 a.m.

Leigh Clinic, 70, Burnham Road; Tuesday 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue; Wednesday 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street, Monday 2 p.m. (On 2nd and 4th Mondays in each month only)

The Guillebaud Committee recommended that the "organisation of the maternity services under the National Health Service be reviewed at an early date" and the report of the Cranbrook Committee which was set up to do this is still awaited. What was said in last year's report may well be repeated without material modification for "we have succeeded in maintaining a close link between the hospital and the local authority's services. Moreover, relations between the clinics, the hospital and the general practitioners are good, being notably better than in many other places."

In May, 1956, the Ministry of Health addressed circular 9/56, relating to ante-natal care, to the Chairmen of Boards of Governors and the Hospital Management Committees of those hospital groups which control a substantial number of maternity beds. A memorandum concerning ante-natal care, embodying advice from the Standing Maternity and Midwifery Advisory Committee which received the endorsement of the Central Health Services Council, accompanied the circular. It asked that the memorandum and its recommendations be discussed locally at hospital group level between the professional representatives of the three sections of the National Health Service involved, i.e. the hospital specialists services, the local authority services and the general practitioners. A meeting was accordingly held on July 5th, 1956, when your Medical Officer of Health was elected to the chair. It was then agreed that the specialist and general practitioner members should together draw up a schedule of ante-natal care which could be commended to the local profession for its agreement.

Locally, the position is complicated by the fact that the hospital serves an area in which two Local Health Authorities and therefore two Local Executive Councils are concerned and so it was necessary that the arrangements for discussion should, at least in part, be duplicated. By the end of the year there was general agreement as to how ante-natal care in this area could be best improved, overlapping and omissions reduced, and a higher degree of co-ordination achieved.

Attendance at the Council's clinics are shown below:-

	Southend	Leigh	Westcliff	Shoebury	Total
No. of sessions held	255	53	51	24	383
No. of individual expectant mothers	1,388	388	158	122	2,056
No. of attendances of expectant mothers	6,987	2,086	926	351	10,350

BLOOD EXAMINATIONS

Dr.D.C.Caldwell, director of pathology, informs me that all specimens submitted from the Council's clinics continue to be examined at the Rochford General Hospital laboratory. A two-tube Price's Precipitation Reaction is performed on all specimens and the Wassermann Reaction carried out on all sera not giving an unequivocal negative result.

The importance of rhesus incompatibility is increasingly appreciated by the informed public, while the refinements of laboratory technique undergo continuous development. The whole subject is one of unfolding complexity, and the newer knowledge enables us to make more accurate and successful use of transfusion therapy. Progress in this matter as in many others, calls for more laboratory resources and skilled interpretation, yet another example of the growing cost of scientific medicine. Critics of the cost of the hospital service are often unaware, or perhaps choose to ignore, the differences in the standard of what can be provided as compared with only ten short years ago.

During the year, 3,123 tests for anti-Rh. agglutinins were carried out and 36 instances of varying degrees of incompatibility were detected.

Nor is the incidence of syphilis overlooked. Three mothers returned positive serological results, namely:-

(a) a patient known to have a congenital infection,

(b) an acquired case treated during pregnancy and the puerperium

(c) a patient in whom the P.P.R. and cardiolipin W.R. results were positive, but the standard W.R. was negative.

Ante-Natal Haemoglobin Estimations during 1957 - 1552 tests.

Haemoglobin Gms.%	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9+
% Haemoglobin using 14.8 as average i.e. Revised Haldane	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	100+
No. of tests	6	7	16	65	148	261	512	293	175	54	10	5
% of each group.	.4	.4	1.0	4.2	9.5	16.8	33.0	18.9	11.3	3.5	.6	.4

Notes:

(1) Expression of Haemoglobin concentration as grammes per cent. is the only way by which comparisons of different sets of figures can adequately be made.

(2) Wide variations of Haemoglobin concentration occur normally but 14.8 gms % is usually regarded as an average figure for adults.

(3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of Haemoglobin are usual, and values as low as 10.4 gms.% (70% Haldane) can be accepted as being within the limit for the normal.

(4) Taking this into account it will be seen that 15.5% of our patients can be considered anaemic.

Wassermann and Price's Precipitation Reaction and Rhesus Factor Tests, 1957.

No of tests made	P. P. R. Negative	W.R. and P.P.R. Positive	W.R. Positive and P.P.R. Negative	No. of tests made	Rh. Positive	Rh. Negative
1570	1567	3	-	1569	1266	303
	99.8%	0.2%	-		80.69%	19.31%

POST-NATAL CLINICS

The proportion of mothers attending your clinics for post-natal examinations continued to show little change, for once again only slightly more than one-third of them attended the clinic. It is a matter for both surprise and regret that many who are only too eager to enter hospital, there to avail themselves of expert medical services and facilities, fail to give the medical staff the opportunity of completing its work by assessing results and advising how best full functional activity can be re-established While women today are rightly intolerant of disabilities and dis-function which a previous generation accepted without question as the common heritage of their sex, they are sometimes reluctant to make the effort which their complete well-being demands, an effort which requires an understanding and, perhaps, a self-discipline which is by no means universal.

The case for post-natal examination by the expert has been argued previously, but it also needs to be pointed out while delivery is, from an evolutionary standpoint, at least as old as the mammalia, the obstetrician is constantly studying this age-old function and striving always to evolve the regimes and methods best suited to the physiology and psychology of the modern woman confided to his care. In the assessment of these methods, the post-natal examination is essential and to deny the obstetrician this opportunity is to some extent to stultify his best efforts.

Particulars of attendances are given below:-

	Southend	*Leigh*	*Shoebury*	*Total*
No. of individual mothers who attended	625	163	34	822
Total attendances of mothers	929	210	45	1184
Total no. of sessions of Post-Natal Clinics	51	53	24	128

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Report of Mr.E.C.Austen, Principal Dental Officer.

Staffing difficulties permitted no change in the arrangements for dental treatment in the Maternity and Child Welfare Service, which explains why the medical officers at the welfare clinics continue to refer so few patients for treatment under the local authority scheme. During the year only two mothers were provided with one full and one partial dentures.

As usual, more than twice as much treatment was carried out for children under five years as for expectant and nursing mothers.

Radiographical examinations, where necessary, are carried out by the Southend General Hospital and the reports and films forwarded to the Principal Dental Officer .

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers ...	71 (72)	71 (72)	53 (60)	53 (58)
Children under five	99 (136)	99 (135)	99 (135)	90 (123)

(b) Forms of dental treatment provided

	Scalings and gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	1 (-)	22 (22)	- (-)	- (-)	56 (67)	37 (47)	1 (-)	1 (5)	- (-)
Children under five	- (-)	1 (2)	- (-)	- (-)	153 (212)	99 (135)	- (-)	- (-)	- (-)

Comparable figures for 1956 are given in brackets

NURSING HOMES

The registration and supervision of nursing homes present some difficulties. In general it can be said that the acute nursing home as it was known before the war has never been re-established in Southend-on-Sea. Technical advances in surgery and anaesthesia today make prohibitive the provision of nursing homes in which major surgery can reasonably be undertaken, while the shortage of trained nursing staff, and their justifiably high salaries, would make it necessary for proprietors to charge fees which would be beyond the purses of all but a very small minority. It is of course, possible that the growth of middle-class provident schemes may cause some changes in the future, but at the moment there would appear to be little prospect of this happening here.

There are in Southend a large number of elderly people, some of whom lack family ties or relatives able to look after them. When the diseases and degeneration of age overtake them they require simple nursing care and little else. This need, together with the

well-known shortage of hospital accommodation for the elderly chronic patients has encouraged the provision of nursing homes which specialise in the reception of such patients. Administratively, it is not always easy to draw a clear distinction between homes for elderly persons which require registration under the National Assistance Act and nursing homes which are subject to the provisions of the Public Health Act, 1936, so much patience and not a little vigilance is required to see that the demarcation is not only appreciated, but observed.

Building costs make new buildings impracticable, and the number of existing properties which readily lend themselves to successful adaptation are few and far between, because this town was developed when the hey-day of Victorian building and the large middle class family house was already passing. It is, therefore, difficult for prospective nursing home proprietors to purchase premises which lend themselves to successful and economical adaptation. The work of advising applicants and securing their agreement to even the modest requirements which would justify the Committee granting registration is most difficult and responsible, and here I would like to pay tribute to the care and patience with which this work is undertaken by my Deputy.

The situation outlined here has produced a number of nursing homes in the town which provide at moderate cost acceptable and useful services to a class of patient who would otherwise be but ill provided for, but not a few would find difficulty in fulfilling obligations to the acutely ill.

Two new nursing homes were registered during 1957 and one registration was cancelled.

Homes on Register at end of year		*No. of beds provided for*		
		Maternity	*Other*	*Total*
32 Crowstone Avenue	*Aylward*	-	9	9
78 Valkyrie Road	*Belvedere*	-	2	2
45 The Broadway, Thorpe Bay	*Broadway*	-	6	6
41 Crowstone Road	*Craigowan*	-	6	6
31 Ailsa Road	*Hayesleigh*	4	-	4
24 Stirling Avenue	*Highlands*	3	-	3
21 Victor Drive	*Highview*	-	8	8
39 Imperial Avenue	*Langley*	-	7	7
174 Kings Road	*Leigh*	-	11	11
98 Crowstone Road	*Lodge*	-	20	20
71 Wimborne Road	*Oak House*	-	18	18
407 Westborough Road	*Two Ways*	-	7	7
26 Western Road	*Western Road*	2	-	2
278 Southbourne Grove	*Wincilla*	-	4	4
		9	98	107

No. of inspections made during year: 22

UNMARRIED MOTHERS AND THEIR CHILDREN

The circumstances which led the Southend branch of the Chelmsford Diocesan Moral Welfare Association to close St. Monica's Mother and Baby Home in October 1956 were narrated in the report for that year. From that time the Health Committee has provided for the reception of unmarried mothers in a variety of homes, vacancies in which, have been found by the Moral Welfare Association. Details of this provision appear in the sub-joined table.

In June the Southend Moral Welfare Council decided finally to abandon proposals to re-open St. Monica's Home in more suitable premises, but decided instead to employ a full time outdoor moral welfare worker. Later in the year proposals were submitted involving the acquisition of premises which would serve as the headquarters for the outdoor worker and provide some much needed "shelter" accommodation, into which there could be received young women whose unsatisfactory accommodation exposed them to serious moral risks, those who found themselves literally without shelter, and expectant mothers who required temporary accommodation before a decision was made as to a home most suitable to their needs, and pending the finding of such vacancy.

The Moral Welfare Council decided that the proceeds of the sale of St. Monica, and the lamentably small amount raised as a result of a building appeal, should be used to defray the capital costs of the new venture. By the end of the year the Health Committee had assured the Moral Welfare Council of its intention to continue to support its work both by maintaining patients sent to Mother and Baby Homes and by making a further contribution towards the running costs of a new shelter home.

Accommodation was provided under the Council's proposals as follows:-

Emily House, Walton-on-Thames	1 mother for 62 days.
Medway Towns & District Moral Welfare Home	1 mother for 60 days.
St. Mary's, Stamford Hill	1 mother for 39 days.
Sunnedon House, Coggleshall	2 mothers for 118 days.
St. Agatha's Home, Stratford	1 mother for 12 days.
Hostel of the Good Shepherd, Colchester	3 mothers for 243 days.
St. Faith's, Loughton	1 mother for 58 days.
Lorego House, London, W.11.	1 mother for 54 days.

STILLBIRTHS AND INFANT MORTALITY

Because "both early neo-natal deaths and stillbirths have roots

in pre-natal or maternal influences on the foetus and the placenta or in the troubles that attend birth" it is more scientific to consider still births and the deaths which occur in the first week of life as belonging to one group. Any improvement in the experience of these infants must depend upon better ante-natal care, better obstetric services and above all an increase in our knowledge and understanding of the factors which are adverse to the child in the last weeks of intra-uterine life. The deaths which occur after the first week of life are those which, in general, should respond to energetic public health measures.

As has already been explained in the section on vital statistics, the actual infant mortality rate for 1957 was 17.7 per 1,000 live births as compared with 17.8 in the previous year. From the tables it will be seen that the combined stillbirth and early post-natal death rate was 30.05 per 1,000 total births as compared with 32.9 in the previous year.

Perinatal Mortality

Year	*No. of Still-births*	*No. of infants dying aged up to and including 7 days*	*Total*	*Live Births*	*Still Births*	*Total*	*Rate per 1,000 births, live and still*
1957	39	25	64	2091	39	2130	30.05
1956	40	26	66	1966	40	2006	32.9
1955	30	26	56	1922	30	1952	28.7
1954	29	20	49	2025	29	2054	23.9
1953	34	20	54	2049	34	2083	25.9
1952	40	24	64	2072	40	2112	30.3
1951	46	29	75	2073	46	2119	35.4
1950	31	33	64	2148	31	2179	29.4

Deaths under 1 year by age groups	*M.*	*F.*	*Total*
Under 24 hours ...	10	6	
24 hours - 1 week ...	6	3	
Total perinatal mortality...			25
1-2 weeks ...	-	1	
2-4 weeks ...	-	1	
Total neonatal mortality ...			27
1-3 months ...	3	-	
3-6 months ...	2	4	
6-9 months ...	2	-	
9-12 months ...	-	2	
Total infant mortality			40

Following our usual practice infant deaths have been classified as to the likely prime cause. The adjusted findings are set out below with last year's figures for comparison.

Cause	No.	(1956)
Respiratory Infections	4	(1)
Gastro-enteritis	3	(1)
Congenital defect	6	(7)
Prematurity	16	(17)
Accidents	3	(1)
Erythroblastosis feotalis	-	(1)
Bilateral adrenal haemorrhage	-	(1)
Peritonitis	-	(1)
Asphyxia Neonatorum	4	(2)
Meningitis	-	-
Birth Hazards	4	-
	40	32

It is noteworthy that all the premature infants born and nursed entirely at home were still alive at the end of 28 days.

Premature Live Births

Weight at birth	Born in Hospital			Born at home and nursed entirely at home		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
3 lbs.4ozs. or less	21	7	11	-	-	-
Over 3 lb.4oz. up to and including 4 lbs.6oz.	9	-	6	-	-	2
Over 4 lb.6 oz. up to and including 4 lb.15 oz.	21	-	21	2	-	14
Over 4 lb.15oz. up to and including 5 lb.8oz.	45	2	43	14	-	16
Totals	96	9	81	16	-	32

Born at home and transferred to hospital on or before 28th day		
Total	Died within 24 hrs. of birth	Survived 28 days
2	-	2
1	-	1
2	-	-
2	-	2
7	-	5

Premature Live Births							Premature Stillbirths		
Weight at birth	Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day					
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home
3lb. 4oz. or less	-	-	-	-	-	-	8	-	-
Over 3 lb. 4oz. up to and including 4lb. 6oz.	-	-	-	-	-	-	4	-	-
Over 4lb. 6oz up to and including 4lb. 15oz.	-	-	-	1	-	-	3	-	-
Over 4lb. 15oz up to and including 5lb. 8oz	5	-	5	-	-	-	2	-	-
Totals	5	-	5	1	-	-	17	-	-

The picture which emerges from the scrutiny of the cause of death in more mature infants, is, however, much less satisfactory, for while only 6 infants in this group were lost in 1956, no fewer than 15 of the same age died in the year under review.

Of these deaths, 1 was consequent upon prematurity, the child never overcoming the handicaps of this condition, and in 7 developmental defects must have played a major part, since 2 children had congenital heart disease and a third a patent ductus arteriosus. In addition, infants in this group exhibited ruptured cerebral aneurysm, congenital hypertrophic pyloric stenosis, microcephaly and meningocele. Misadventure caused the death of 3, gastro-enteritis accounted for 2 while lobar pneumonia and whooping cough each claimed another victim.

Stillbirths.

The stillbirth rate of 18.31 per 1,000 total births was 1.63 per 1,000 lower than the previous year, and 4.09 better than the national figure. Of the 39 stillbirths registered, 7 occurred in the practice of domiciliary midwives, 2 in a maternity home and the remainder in hospital. The rate of 9.6 per 1,000 for domiciliary births indicates that the selection of patients for institutional confinements is satisfactory.

Deaths of Children Aged 1 - 5 years.

There were 4 deaths, 1 male and 3 females, in this age group as compared with 2 in 1956.

		Causes
Male	23 months	Bronchial asthma and cerebral diplegia
Female	13 months	Gastro-enteritis
"	4 years	Acute leukaemia
"	18 months	Inhaled foreign body

Distribution of Welfare Foods.

The arrangements for the distribution of Welfare foods were continued without material alteration. Distribution was effected from the following:-

The Municipal Health Centre.
9 Infant Welfare Clinics.
W.V.S. Headquarters, 40 Victoria Avenue, Southend.
16 retail traders, as follows:-

Mr.R.H.Codner (Chemist), 117 Rectory Grove, Leigh.
Elm Drug Stores, 92 Elm Road, Leigh.
Pall Mall Pharmacy, 180 Pall Mall, Leigh.
Pavilion Pharmacy, 1075, London Road, Leigh
Belfairs Chemists, 327 Eastwood Road North, Leigh.

Mr.W.A.Major (Chemist),13 Rayleigh Road,Eastwood.
Longthornes Ltd. (Chemists),779 London Road,Westcliff.
Wendy's (Children's Wear),413 London Road,Westcliff.
Priory Drug Stores,347/349 Victoria Avenue,Southend.
Harrison & Howells (Chemists),8 Earls Hall Parade,Southend.
Harrison & Howells (Chemists),7 Cluny Square,Southend.
Angus Grant Ltd. (Chemists),74 Sutton Road,Southend.Uhtil 21.12.57
Mr.C.P.Howells (Chemist),235 Woodgrange Drive,Southend.
C.& C.Drug Store,343 Hamstel Road,Southend.From 26.10.57
Harrison & Howells, (Chemists), 229 Hamstel Road,Southend.From 6.4.57
Mr.J.H.Parkes, (Chemist),72 West Road,Shoeburyness

The following issues were made:-

	N.D.M. tins	*C.L.O.* bottles	*Vit.A.& D.* packets	*O.J.* bottles
Jan.- Mar.	13.397	4,427	2,055	30,615
Apr.- June.	10,694	2,963	1,902	37,650
Jul.- Sep.	11,008	2,739	2,001	37,434
Oct.- Dec.	10,264	3,344	1,861	25,042
Total	45,363	13,473	7,819	130,741

SECTION 23, MIDWIFERY.

Staff

At the end of the year there were 11 full-time domiciliary midwives. Two midwives attended refresher courses as required by the rules of the Central Midwives Board; Miss Boosey attending a course in London and Miss Hodges one in Manchester.

Transport

Motor car allowances are paid to nine midwives and pedal-cycle allowances to two. It will be a great advantage when all have independent motor transport.

Work of Municipal Midwives

A total of 721 deliveries was attended by your midwives, 23 more than in the previous year. In addition, 59 mothers confined in Rochford General Hospital and discharged before the tenth day of the puerperium were cared for by them. Medical practitioners were present at 85 deliveries, the remaining 636 being conducted solely by midwives.

Your domiciliary midwives continue to encounter two opposed disadvantages. The demand for hospital confinements is greater than the hospital can satisfy and a number of women must perforce accept unwillingly the services of a domiciliary midwife, when both they and their husbands labour under a grievance at what they regard as a failure of the hospital service to fulfil its obligation to them. On the other hand, there are those whose medical and social circumstances make the hospital confinement which they refuse, very desirable. For them the midwife must accept an unavoidable additional professional responsibility, and

in attending them she often does her work under great difficulties and lacking proper facilities. That the services of your midwives continue to be much appreciated and complaint concerning them is very infrequent, is eloquent of the manner in which they do their work.

The authority issued free 982 sterilised maternity packs for use at other than hospital confinements:-

Number of deliveries attended by Municipal Midwives during 1957

	Doctor present at time of delivery	*Doctor not present at time of delivery*	*Total*
Doctor booked	71	326	397
Doctor not booked	14	310	324
	85	636	721

Relief of Pain

All your midwives are trained in the administration of gas and air analgesia as well as trilene. The latter is an inhalation analgesic, the use of which was introduced after satisfactory reports by the consultant obstetrician. By the end of the year each of the midwives had been equipped with the necessary apparatus for its administration. Trilene, being a liquid which is used in comparatively small quantities, has in comparision with gas and air the great advantage that no heavy gas cylinders require to be carried by the midwife. It is, however, disappointing that the midwives' assessment of its effects in the first 150 cases is less favourable than their experience with gas and air, for they reported it as being unsatisfactory in 10% of administrations. It may be that with further experience the results will show an improvement. Your midwives are also authorised to use, and are supplied with Pethidine, which is administered intramuscularly. It affords considerable relief particularly in the earlier stages and was administered to 361 patients.

MIDWIVES ACT 1951.

Work of Local Supervising Authority

Notice of intention to practise was given by 29 midwives, seven of whom engaged in private domicilary practice, and eight worked in Nursing Homes; between them they attended 909 mothers. During the year a total of 14 midwives were employed by the local health authority, but only 13 of them were in post at any one time. They included the superintendent of the domiciliary midwifery service, her deputy and 11 whole-time domiciliary midwives.

Medical Aid under Section 14(1) of the Midwives Act 1951.

Medical aid was summoned on 56 occasions or in 8.8% of cases attended by midwives, a decrease of 0.36% on last year. Details of these are shown below:-

Applications for Medical Aid

a) For mothers:-			
Ruptured perineum	17		
Pyrexia	4		
Early rupture of membranes	3		
Malpresentation of foetus	2		
Prolonged labour	7		
Phlebitis	2		
Other conditions	7		
		42	
b) For infants:-			
Eye discharges	6		
Prematurity	4		
Other conditions	4	14	
		56	

MATERNAL MORTALITY

One maternal death occurred, the mortality rate being 0.47 per 1,000 total births, a rate which is the same as the figure returned for England and Wales as a whole.

The patient who succumbed was an unmarried woman of 18 who had made no arrangements whatsoever for her ante-natal care. About the thirty-second week of her pregnancy she complained of headache and a few hours later became unconscious after a fit accompanied by twitching of the arms and legs. On admission to hospital she was stuporous and very restless and on the following day, as her restlessness and confusion continued, she was transferred to the maternity unit where labour was induced by rupture of the membranes.

The patient was delivered eleven hours later of an infant who only survived for 21 hours dying from neo-natal asphyxia. Following delivery the condition of the patient improved but on the ninth day of puerperium whilst being assisted to the sun bay by the nurse, she collapsed and died from pulmonary infarction consequent on vena caval thrombosis. There was also cerebral softening and cerebral cortical vessel thrombosis. Of the latter, the pathologist reported "This was associated with an area of cerebral softening which was not of very recent origin and which contained haemorrhage in its central area."

It is difficult to assess the direct contribution to the cause of death which is made by her concealment of pregnancy, and in any case it would not appear that the most extensive and scrupulous ante-natal care would have had any material effect on the melancholy outcome.

Maternity Mortality

Comparative rates per 1,000 births (Live and Still)

Year	From Sepsis		Other Causes		Total	
	Southend	England and Wales	Southend	England and Wales	Southend	England and Wales
1957	-	0.11	0.47	0.36	0.47	0.47
1956	-	0.12	1.00	0.44	1.00	0.56
1955	-	0.16	0.51	0.48	0.51	0.64
1954	-	0.13	0.97	0.56	0.97	0.69
1953	-	0.16	0.96	0.60	0.96	0.76
1952	-	0.16	0.95	0.56	0.95	0.72
1951	-	0.43	-	0.36	-	0.79
1950	0.46	0.12	-	0.74	0.46	0.86
1949	0.41	0.22	-	0.76	0.41	0.98
1948	-	0.29	0.4	0.73	0.4	1.02
1947	-	0.26	0.61	0.92	0.61	1.18
1946	-	0.31	0.68	1.12	0.68	1.43
1945	0.95	0.49	0.95	1.31	1.90	1.80
1944	-	0.60	1.09	1.34	1.09	1.94
1943	0.75	0.73	2.99	1.56	3.74	2.29
1942	1.69	0.8	3.38	1.7	5.07	2.5
1941	2.10	0.8	5.21	2.0	7.31	2.8
1940	1.94	0.8	1.94	1.9	3.88	2.7
1939	-	0.8	1.25	2.2	1.25	3.0
1938	-	0.9	2.56	2.2	2.56	3.1
1937	0.62	1.0	3.74	2.3	4.36	3.3
1936	-	1.4	1.18	2.4	1.18	3.8
1935	0.64	1.7	2.55	2.4	3.19	4.1
1934	0.64	2.0	3.22	2.6	3.86	4.6
1933	1.43	1.8	3.59	2.7	5.02	4.5
1932	2.10	1.6	4.9	2.6	7.0	4.2
1931	0.70	1.7	4.20	2.5	4.90	4.2
1930	-	1.9	2.61	2.5	2.61	4.4
1929	1.44	1.8	3.59	2.5	5.03	4.3
1928	1.99	1.8	1.32	2.6	3.31	4.4
1927	2.17	1.6	2.9	2.5	5.07	4.1
1926	2.55	1.6	3.19	2.5	5.74	4.1
1925	2.62	1.6	1.96	2.5	4.58	4.1
1924	0.69	1.4	2.09	2.5	2.78	3.9
1923	1.35	1.3	1.35	2.5	2.7	3.8
1922	0.65	1.4	3.3	2.4	3.95	3.8
1921	1.22	1.4	2.43	2.5	3.65	3.9

SECTION 24 - HEALTH VISITING

The staff situation during the year belied the promise of 1956, for we entered January with two vacant appointments and by June there were four. As usual, we met the situation by concentrating on the more essential aspects of the work, and making alternative arrangements for the discharge of certain duties. For example, in the vacant school areas we no longer required a health visitor to attend routine medical inspections, employing for this purpose other trained nurses. Three health visitors who owned cars were authorised to use them at the approved scale of allowances during the time they undertook additional duties in vacant areas.

These measures, together with the part-time employment of a retired health visitor enabled us to limit, as far as possible, the

bad effects of insufficient personnel.

Commenting on this situation, the superintendent health visitor has rightly emphasised the insidious, and often inapparent, consequences of having too little staff to do too much.

What is urgent and critical gets attention whatever else suffers, but families who require patient, frequent and time consuming visits to prevent their deterioration or raise their standards inevitably receive less help than they need. Not only is our proper work of prevention hampered, but the value of what has already been done is diminished. The health visitor is effective in proportion as her understanding of and acceptance by the family grows, and when she has to see them less frequently her influence declines.

The superintendent health visitor points out that few sponsored health visitor candidates come from the County Borough or its environs. Although there is no "London weighting" of salaries in Southend the cost of living and the difficulties of obtaining accommodation are said to compare with what obtains in the London area. The metropolis offers considerable facilities for social, educational and recreational activities and is moreover accessible to a wide variety of attractive localities, whereas Southend, despite its own amenities is somewhat isolated geographically. The circumstances of many of the adjacent parts of Essex justify, and indeed require, a health visitor to use motor transport and it would be idle to deny the attractions of being able to run one's own car. Comment on the restricted office accommodation available to the health visitors is also made.

Health visitors are given full responsibility to perform their task without interference and with a minimum of direction. They are encouraged to consult other field workers where there is a dual and overlapping interest and to contact general practitioners at every opportunity.

The instruction of senior pupils in the girls secondary modern schools continues to be a regular and acceptable feature of their work. In addition there is a sustained demand for them to address various local women's organisations and during the year they gave talks as under:-

Belle Vue Baptist Church	14.2.57	Miss Roberts, S.H.V.
St.Clement's Young Wives' Guild	18.2.57	Mrs.Roshier
Park Road Methodist Church	20.2.57	Miss Bryant
Belle Vue Baptist Church	15.3.57	Miss Withams
St.Stephen's Church	13.11.57	Miss Watson
York Road Methodist Church	10.12.57	Mrs.Fairfax.

The families of serving soldiers continued to be accommodated under arrangements made by the War Department with various hoteliers and boarding house proprietors. For their better assistance a health visitor regularly holds what is in effect a clinic session at the principal hotel. The following figures show how considerable is the movement of service families:-

Families placed			494
Comprising children	0 - 1	69	
	1 - 2	89	
	2 - 5	288	
	5 - 15	708	
Families removed			379
Comprising children	0 - 1	45	
	1 - 2	61	
	2 - 5	199	
	5 - 15	592	

During the year Miss Blackbourn attended a Refresher Course at Bedford College and it was possible to arrange for seven health visitors to attend a Study Day for nurses at the Southend General Hospital.

Work of Health Visitors

Infants under 1 year	...	First visits	2,085
		Subsequent visits	5,178
Children aged 1 - 5 years		No.of children visited	6,933
		No. of visits paid	12,079
Expectant mothers	...	First visits	1,303
		Subsequent visits	557
Communicable diseases	...	First visits	2,036
		Subsequent visits	942
Nurseries and Daily Minders		First visits	23
		Subsequent visits	141
Special visits	...	First visits	709
		Subsequent visits	417
Tuberculosis	...	First visits	61
		Subsequent visits	2,387

SECTION 25 - HOME NURSING

The district nurse is a well-known feature of the English scene, well meriting the affection and respect which she enjoys. The extension of the home nursing service brought about by the National Health Service Act is one of its most popular features. Of late years male district nurses have become indispensable members of the service. They are unfortunate in being a minority in a service

which is traditionally the monopoly of women. Their salaries are unattractive, the scope of their work limited to patients of their own sex and their prospects of promotion to senior posts are understandably poor. For these reasons many of the more ambitious and able are increasingly seeking openings in other fields of social service, notably in mental health work. Mr. D. C. Pepper, one of your male district nurses, resigned during the year to take up an appointment as a mental health worker and there is every likelihood that other men similarly placed will follow his example.

From time to time complaint is made of our society's neglect of its old, and it is therefore important to draw attention to the increasing demands which the elderly patient makes on this service. In 1953 patients over the age of 65 years constituted 45% of those assisted, receiving 48% of all the items of nursing service provided. In 1957 the elderly members of our population formed 54.1% of our patients and claimed no less than 72.1% of all nursing visits.

	Patients who were 65 or over at the time of the first visit during the Year		*Children who were under 5 at the time of the first visit during the year*		*Patients who have had more than 24 visits during the year*	
	No.	*Visits paid*	*No.*	*Visits paid*	*No.*	*Visits paid*
1953	1,913	43,120	161	847	858	67,261
1954	2,054	67,517	133	764	975	75,912
1955	2,282	70,279	135	820	1,084	82,444
1956	2,405	75,858	119	701	980	84,508
1957	2,537	82,745	101	588	1,138	89,451

At the end of the year, exclusive of supervisory staff, there were employed 24 whole-time nurses (4 being men) and 13 part-time, whose services were equivalent to 7.0 whole-time staff. The names of 9 women and 3 men were on the Roll of the Queen's Institute.

Those members of your staff who are members of the Queen's Institute of District Nursing are regularly inspected by one of the Institute's vistors. This independent inspection is most valuable not only in maintaining a high standard of work and morale, but of acquainting the staff with new methods and developments in the profession. Your Medical Officer of Health continues to be indebted to the Institute for advice on a variety of matters and he welcomes this opportunity of expressing his indebtedness for this help.

During the year, Miss Head, the Superintendent of Home Nurses and Midwives, attended a one-week course for Nursing Administrators sponsored by the Queen's Institute, at Roffey Park Rehabilitation Centre, Horsham.

Transport

At the end of the year:-

9 car allowances were being paid.

5 motor-cycle allowances were being paid.

1 nurse used a motor cycle from the Central Transport Pool.

14 pedal cycle allowances were being paid.

The following table shows the variety of conditions for which treatment is afforded in the patients' homes.

Classification of Conditions treated	*NO. OF PATIENTS VISITED*					
	1949	*1953*	*1954*	*1955*	*1956*	*1957*
Accident	23	23	27	29	34	30
Amputations	6	8	8	6	9	13
Blood Diseases ...	32	98	116	141	173	303
Bronchitis and Pleurisy	81	290	246	300	300	275
Burns and Scalds ...	20	19	16	39	35	25
Carbuncles, Boils and Abscesses	44	252	249	295	218	257
Cardiac and Circulatory Conditions	200	587	639	755	840	923
Cerebral Haemorrhage...	142	216	210	230	222	194
Dental Conditions ...	-	11	16	16	11	13
Diabetes Mellitus ...	142	191	202	222	192	196
Ear, Nose and Throat Conditions ...	88	321	280	286	257	190
Empyema	-	1	-	2	4	4
Enema (for treatment ...	188	249	266	303	304	304
Enema (for investigation)	255	438	454	482	440	469
Eye Conditions ...	13	33	20	26	29	20
Fractures	27	61	45	53	59	70
Gangrene ...	9	9	6	3	1	-
Gastric Conditions ...	19	19	14	30	13	17
Gynaecological Conditions ...	45	75	77	81	84	67
Helminth Infections ...	55	52	33	7	8	3
Infectious Diseases ...	5	6	9	13	14	8
Influenza	11	10	6	10	6	19
Injections (for unclassified causes)	20	42	29	25	40	36
Maternity	7	24	17	40	51	40
Miscarriage	13	13	6	10	15	17
Malignant Diseases ...	167	200	170	170	226	188
Nervous Diseases ...	2	10	14	9	6	13
Operations	8	24	31	19	33	20
Orthopaedic	-	10	18	17	17	29
Paralysis(other than strokes)	37	36	45	55	68	50
Pneumonia	90	241	170	207	181	199
Prostatic Conditions ...	66	56	59	54	44	32
Pyrexia of unknown origin	-	16	8	13	9	6
Rheumatic Diseases ...	62	88	94	93	97	104
Senility	135	178	155	165	139	181
Skin Conditions ...	26	41	30	42	32	36
Surgical Dressings ...	92	90	101	105	117	152
Surgical Tuberculosis) Pulmonary Tuberculosis	22	89	94	125	95	82
Urinary and Renal Conditions	3	40	32	62	53	57
Ulceration of Legs ...	36	53	61	77	67	70
Not classified ...	8	24	15	20	12	11
Total patients	2199	4,244	4,088	4,637	4,555	4,723
Total visits	56897	89,607	97,698	106,010	110,089	114,712
Total of whole-time and equivalent whole-time staff	14.5	26	27	28	31.6	31

SECTION 26. VACCINATION AND IMMUNISATION

Smallpox Vaccination

The arrangements described in previous reports continued without alteration.

No. vaccinated by:	*Total*
(a) Private practitioners:	
(i) Primary	1,049
(ii) Re-vaccinations	698
(b) At Council's Clinics:	
(i) Primary	305
(ii) Re-vaccinations	59
	2,111

The total number of primary vaccinations performed rose by 247 to a total of 1,354, only a proportion of which represented the vaccination of infants. There is still a general failure to appreciate the importance to the individual of vaccination early in life for in spite of our long-continued successful control of smallpox the disease still appears suddenly and without warning. Air travel and the ever-increasing number of people who come or return to this country from abroad enhances the opportunities for infection, and complete protection can only be assured to those who are vaccinated and re-vaccinated at appropriate intervals. Vaccination against smallpox is one of the subjects which quite illogically still retains a deep emotional significance, possibly because in the past it was enforced by statutory action and therefore excited the hostility of those who resist coercion on principle. Modern methods of vaccination and the restriction to the insertion of vaccine at one site have reduced the risks attendant upon primary vaccination. These are minimal in the early years of life, but tend to increase with age and therefore the unvaccinated adult who is compelled to accept primary vaccination, either for his own protection or in order to permit of his entry into a foreign country, runs some small additional risk which could have been avoided by infant vaccination.

During the year my Deputy investigated a case suggestive of generalised vaccinia in a child vaccinated by one of our general practitioner colleagues. As, however, only 8 vesicles developed elsewhere than at the site of vaccination there is a possibility that they were caused by contact and not a generalised dissemination of the vaccine elements. The child showed little constitutional disturbance and his progress was uneventful.

Diphtheria Immunisation

Number of children who completed a course of primary immunisation during the year:-

	1956	1957
(a) At Council's Clinics:		
(i) Children under 5	147	99
(ii) Children 5-14	30	20
(b) By Private Practitioners:		
(i) Children under 5	1,504	1,099
(ii) Children 5-14	63	52
	1,744	1,270

Number of children who were given a secondary or reinforcing injection:

	1956	1957
(a) At Council's Clinics	163	116
(b) By Private practitioners	392	213
	555	329

From the return to the Ministry of Health which is reproduced below, it is estimated that 61.3% of our population under the age of 15 has at some time or other completed a course of immunisation against this disease. This is an increase of 2.6% on the figure for 1956 and affords little ground for satisfaction.

The percentages quoted in the table (Immunity Index) represent only the proportion of children who had completed a course of injections during 1953 or subsequently.

For all practical purposes diphtheria appears to have been eradicated, but the maintenance of this happy state is dependent upon the continued acceptance of immunisation by all save a small minority.

The return relating to the proportion of the child population immunised against diphtheria, as furnished to the Ministry of Health, is reproduced below.

Number of Children at 31.12.57, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1.1.43)

Age at 31.12.57 i.e. Born in Year.	Under 1 1957	1-4 1953-1956	5-9 1948-1952	10-14 1943-1947	Under 15 Total
Last complete course of injections (whether primary or booster) A. 1953-1957	121	4,212	3,525	789	8,647
B. 1952 or earlier	-	-	4,168	7,488	11,656
C. Estimated mid-year child population	2,030	7,570	23,500		33,100
Immunity Index	(5.96%)	(55.6%)	(18.3%)		(26.1%)

Poliomyelitis Vaccination

By March 1956, some 5,228 children born between 1947 and 1954 respectively were registered for vaccination, of whom 408, selected in accordance with the Ministry's formula,* had received two doses of vaccine before vaccination was suspended in June of that year.

The issue of vaccine was not resumed as early as we had hoped, for it was not until February 1957 that another issue was made. When the distribution of vaccine was begun once more, the Minister announced that general practitioners could participate in the arrangements for vaccination, a matter which will be referred to later on.

With the completion of this programme in sight, the Minister announced a new registration for children born 1955 and 1956 as well as unregistered children from the 1947-54 age groups. Towards the end of the year the momentous and contentious decision to use vaccine imported from North America was announced, together with the extension of the registration scheme to children under the age of 15, to expectant mothers and to personnel and their families particularly exposed to the hazards of infection.

Public Health Departments never obtained any firm assurances about the amounts and time of deliveries of vaccine which would be made to them. This made planning very difficult and sometimes irritated the public. We found it wise never to embark upon the vaccination of a child without having in reserve sufficient vaccine to complete its course.

Administrative methods and assistance do not often receive their just recognition but the smooth working of any scheme depends upon good planning and clerical assistance. It may, therefore, not be out of place to comment on some administrative aspects of the vaccination programme.

We were fortunate in deciding from the outset that the application form for vaccination would, itself, constitute a record of vaccination on a "business reply" postcard. When we began to receive from other authorities cards to which forms of consent were stapled or gummed or which indicated that they had been completed by clerical staff, we realised how much trouble and unnecessary expense had been avoided by careful planning, and we have yet to see a system which we would prefer to our own.

* November 1947 - 1954
March 1951 - 1954
Reserve month August 1947 - 1954

The registration cards, when received, had to be indexed according to birth months and these sections sub-indexed alphabetically. As the child's turn for vaccination was reached an individual appointment letter had to be sent.

Because supplies of vaccine were likely to be uncertain and irregular, and many parents would clamour for vaccination before the summer months, we had to devise some method of selecting children for vaccination. It seemed logical to contrive, as the Ministry of Health had begun, that is, selecting children by birth month. This would not be without its disadvantages, the principal being that parents would object strongly if one child in the family was offered protection and the others denied it for the time being. We therefore came to the conclusion that we must vaccinate by families, selecting these according to the birth month of the youngest child.

To do this our index had to be broken down, the cards sorted into families and then re-indexed according to the birth month of the youngest child and then arranged alphabetically. This tedious task was undertaken most cheerfully by the clerical staff and carried out with great precision; in the event it proved completely justified. It is not often that the 'back room' girls are remembered, but the part they played in the smooth running of this new public health venture was indispensable.

To allow general practitioners to participate in these arrangements presented two difficulties. Firstly we did not know which parents preferred vaccination by their own doctors, and which would elect to come to the clinic. Secondly, because the vaccine, which had to be kept at carefully controlled temperatures and had to be used immediately the container was opened, was not all packed in single doses.

These formidable difficulties were fully understood by the Local Medical Committee, which decided that without prejudice to the future, the vaccination of children already registered should be completed by the Public Health Department. This helpful and public spirited decision relieved us of the necessity of addressing nearly 5,000 individual enquiries to parents as to their particular wishes in the matter, as well as preventing avoidable waste of vaccine.

The experience with the first registration made the second and subsequent registrations easier. For the second, we took the precaution of enquiring the family doctor's name and the parental wishes as to how the vaccination was to be performed. With the third registration, we were obliged to offer a choice between British and imported vaccine.

The way in which this choice was put to the public materially

affected the acceptance of the imported vaccine. It seems that in areas where a simple choice such as 'I prefer vaccine (a) or vaccine (b)' was offered, a low acceptance of the imported vaccine was customary. Foreseeing that the phrasing of this option would prove important, we put the choice before the public in the following way, 'I will accept the available vaccine' or 'I will wait for British vaccine '. The use of the word 'available' avoided any direct reference to the vaccine's being imported, and the fact that insistence on British vaccine would necessarily involve considerable delay was, of course, stressed by the use of the word 'wait'. The acceptance of the non-British vaccine was gratifyingly high.

During the early phase of this programme elaborate precautions were taken against any possible deterioration of the vaccine, and the likelihood of vaccinating a child who had exhibited allergic tendencies or had recently been in contact with an infectious disease or had recently been immunised against other conditions.

The vaccine was entrusted neither to the Post Office nor public transport, being delivered direct by the manufacturers, We were required to ensure that immediately on its reception it was stored in a refrigerator. As subsequent experience demonstrated that these elaborate precautions were not necessary, distribution procedure was modified later on.

The importance of drawing the medical officer's attention to any of the conditions or circumstances which have already been mentioned was referred to in the letter to parents and, here again, time was to show that we had been unnecessarily careful.

We soon realised that the poliomyelitis vaccine caused fewer and less important side effects than any form of artificial protection which we had hitherto employed and so, as time went on, we were able confidently and successfully to deal with larger numbers at each session.

In publicising the programme and explaining the arrangements, we relied heavily on the goodwill and co-operation of the schools and various public offices, in addition to the Corporation's own agencies, and one gratefully acknowledges all the willing and enthusiastic help we had from these sources.

The local Press assisted very considerably, not only by publicising the arrangements but by explaining the reasons for them. The medical officer who can look to the responsible co-operation of the Press and who can deal with that powerful institution on terms of mutual trust and confidence can indeed count himself fortunate.

It is also pleasing to put on record the interest and

the enthusiasm universally displayed by the staff. It seemed as though all were aware of the significance and promise of the enterprise upon which we were engaged, and the additional duties, the dislocation of ordinary routine and even the accumulation of arrears of work, were so cheeerfully accepted that one can look back on this episode with both pride and satisfaction.

One consequence of carrying out this programme was the necessary diversion of medical staff from other duties, notably routine school medical inspections, and the Health Committee has good reason to be grateful to the Education Committee for its willingness to agree to our making vaccination against poliomyelitis a first priority.

To my deputy largely fell the duty of investigating and assessing the importance of illness and disturbances of health which inevitably occurred in some children shortly after they had been vaccinated. The proper assessment of the nature and importance of these events was essential alike to our confidence in the vaccine and to the allaying of parental apprehensions, and, as always, your medical officer leaned heavily and with complete confidence upon Dr. Preston's judgment.

Poliomyelitis Vaccination 1957

1st Registration

Year of Birth	*Total*	*During period 1.12.56 to 31.12.57 No. of Children vaccinated with two injections*
1947	1329	1031
1948	1047	827
1949	936	715
1950	879	687
1951	354	264
1952	294	208
1953	238	168
1954	151	117
	5228	4019

2nd Registration

1955	412	2
1956	350	
	762	2

Situation after 3rd Registration

Applicants awaiting vaccination at 31.12.57

Children born 1943 to 1946	6531
Children born 1947 to 1957	8090
Expectant mothers	152
General practitioners and families	95
Ambulance staff and families	9
	14927

Vaccination against Influenza

Toward the end of September the Ministry of Health announced arrangements for the vaccination against the Asian type influenza,

then moving rapidly across the world, to groups of doctors, nurses and others specifically exposed to infection and on whom an epidemic would place an exceptionally heavy burden.

Vaccination was offered to hospital staff, to general practitioners and to local health authority staff who cared for the sick in their own homes, that is nurses, midwives, home helps, ambulance staff and others who would undertake home visiting.

The new vaccine was to be administered by injections at intervals of not less than three and preferably four weeks. Vaccination was begun on the 11th October, the last consignment of vaccine being received on December 3rd.

Details of those who accepted vaccination are given below:-

General Practitioners	60
District Nurses	36
Domiciliary Midwives	8
Ambulance Drivers and Attendants	25
Home Helps	100

SECTION 27. AMBULANCE SERVICE

Mr. E. A. Beasant, Ambulance Officer reports:

The administrative arrangements detailed in previous reports remained unaltered during the year. Briefly they are as follows:

The St. John Ambulance Brigade acts as the Corporation's agents in providing an accident and invalid ambulance service, whilst patients suffering from infectious diseases, including tuberculosis, are conveyed by the Corporation's own ambulances. Sitting cases are transported in the Corporation's own sitting case ambulances, by the Hospital Car Service and by central transport pool vehicles.

The following are particulars of the work undertaken by the service during the year.

Service	*Mileage*	*Patients Carried*	*Journeys*	
			Patients Conveyed	*Abortive or Service*
St. John Ambulance Brigade	89,374	13,257	4,638	206
I.D. Ambulances	2,919	484	435	30
Sitting Case Vehicles	51,887	26,121	5,323	114
Corporation Car Pool	11,369	518	426	4
Hospital Car Service	159,381	33,843	3,456	33
Private Hire Cars	49	3	3	-
Corporation Motor Buses	294	133	14	-
	315,273	74,359	14,295	387

The cost of this service continues to rise. Your expenditure per 1,000 population on the ambulance service in 1956/7 amounting to £160.7s.0d compared with the national average for all County Boroughs of £198.19s.0d. Compared with the previous year, your expenditure rose by £16.12s.0d per 1,000 population, whereas the

increase in the national average was £18.19s.0d per 1,000 population.

Only 19 of 83 County Boroughs showed smaller expenditure on this item. The service appears to be run as economically as possible with due regard to efficiency and we are grateful for the continued co-operation of Superintendent E. A. Harris, M.B.E., D.P.A., and the officers and personnel of the St. John Ambulance Brigade. It is pleasing to record that during the year no complaints were received in connection with this service which is, of course, one of those always liable to public criticism. The amounts paid to bodies providing agency services since 1951 are:-

	1951	1952	1953	1954	1955	1956	1957
	£ s d	£ s d	£ s d	£ s d	£ s d	£ s d	£ s d
St. John Ambulance Brigade	6423 19 4	8123 1 4	9927 17 9	12063 8 9	13195 0 10	15066 0 8	15771 5 0
Hospital Car Service	3202 0 6	3732 1 3	4606 14 1	5036 3 5	5539 2 11	5279 19 4	5050 17 3

The decrease in the use of the Hospital Car Service is offset by the increased use of the Corporation's ambulances in the transport of out-patients to the Southend General Hospital.

As will be seen from the following table, in 1957 we conveyed 6,001 more patients than in 1956 and the total mileage covered by ambulances and sitting case vehicles increased by 16,009 from 299,264 to 315,273, but the average mileage per patient was reduced from 4.38 in 1956 to 4.24 in 1957. The bulk of this increase, which is continuing, is in connection with the transport of patients to and from the Southend General Hospital for out-patient treatment. The number of infectious disease stretcher patients conveyed by Corporation ambulances has again decreased and it is anticipated that this trend will continue.

We again take the opportunity of expressing thanks to the hospital transport officers for their continued assistance in ensuring that the use of this service is restricted to patients for whom it is essential.

	MILES				PATIENTS				MILES PER PATIENT			
	1957	1956	INC.	DEC.	1957	1956	INC.	DEC.	1957	1956	INC.	DEC.
S.J.A.B.	89,374	86,904	2,470	-	13,257	12,428	829	-	6.74	6.19	.55	-
I.D. Ambulances	2,919	4,835	-	1,916	484	784	-	300	6.03	6.17	-	.14
H.C.S.	159,381	172,758	-	13,377	33,843	41,088	-	7,245	4.71	4.20	.51	-
S/Case Ambs.	51,887	22,332	29,555	-	26,121	13,316	12,805	-	1.99	1.68	.31	-
Corpn. Car Pool	11,369	10,911	458	-	518	519	-	1	21.95	21.02	.93	-
Private Hire Cars	49	1,140	-	1,091	3	41	-	38	16.33	27.81	-	11.48
Corpn. Buses	294	384	-	90	133	182	-	49	2.21	2.11	.10	-
TOTALS	315,273	299,264	32,483	16,474	74,359	68,358	13,634	7,633	4.24	4.38		

Whenever possible patients who have to travel long journeys are conveyed by rail, with ambulance transport between termini: the following table shows the number of patients carried by this method since 1952.

Rail Journeys

	1952	1953	1954	1955	1956	1957
Rail Mileage	7,745	12,361	21,676	20,668	23,220	21,409
No. of Patients	154	242	492	422	512	460
Cost	£77.5.2	£111.10.11	£195.19.6	£168.15.2	£199.8.0	£187.12.6

Our experience with diesel ambulances has been most satisfactory, and the St.John Ambulance Brigade are also purchasing renewals of this type. It is anticipated that these vehicles will soon be standard in the St.John Ambulance Brigade fleet as well as your own.

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER CARE

1. TUBERCULOSIS

Your arrangements for the prevention of tuberculosis continued to be satisfactory, making full use of all the available facilities and agencies. We are fortunate in that the consultant physician for tuberculosis. Dr. E. G. Sita-Lumsden, is so concerned with the possibilities of prevention and that your tuberculosis health visitor, Mrs. Wilson, and the case assistant, Miss A. Roberts, maintain such a satisfactory liaison between the department and the chest clinic.

In general, tubercle has tended to make fewer demands on the department than during previous years. The case assistant dealt with 75 patients in comparison with 110 during the previous year. It was only necessary to hold a formal staff tuberculosis conference on one occasion, as it was possible to deal with the various problems by individual consultation and agreement.

Although the case assistant dealt with considerably fewer patients, the number of interviews conducted by her was only 24 less than in the previous year, and it is of interest to note that while training, rehabilitation, employment and housing problems all took up less of her time more had to be devoted to financial matters and difficulties.

The following is based on figures kindly supplied by Dr. E. G. Sita-Lumsden. Of late years the number of contacts of newly diagnosed cases of tuberculosis who have been examined at the chest clinic has tended to fall. Last year was an exception because of the investigation necessitated by the outbreak of school tuberculosis described in the previous report.

During 1957 the numerical trend of contact examinations re-established itself and altogether a total of 391 were examined, 5 of whom were found to be suffering from tuberculosis.

Among contacts under surveillance from the previous year 2 were notified; attendances at the contact clinic totalled 1,973, a reduction of 430.

Activities of Health Visitors

Miss Lukey, one of your two tuberculosis health visitors resigned at the end of March and her place was not filled. Instead the Committee decided to provide Mrs. Wilson, its other tuberculosis health visitor, with car transport. Some time was to elapse before Mrs. Wilson's instruction was complete and she had successfully passed the driving test, so it is hardly surprising that the total number of visits paid to tuberculous patients and their contacts

fell from 3,999 to 2,434.

During the last six months of the year there were in the Borough 67 households where one of the members was known to be excreting myco-bacterium. tuberculosis; their supervision has continued to be strictly maintained.

Although there are now no difficulties in securing immediate admission to hospital for patients who require this form of treatment, there are a number for whom care at home is the method of election, at least for part of their illness. This form of treatment, which continues to demonstrate its value, owes much to the home nursing service for continued co-operation with the chest clinic and for the 2,953 nursing visits made to 81 patients.

Home Help Service

There were fewer demands for domestic help in the homes of tuberculous patients and the department provided help for 11 of these as compared with 15 in the previous year.

Extra Nourishment

A daily issue of one pint of milk was made without charge to 57 patients during the year.

B.C.G. Vaccination

(a) Contacts

A totalof 128 children, contacts of patients suffering from tuberculosis, in most cases a parent, were vaccinated with B.C.G.- 11 more than in the previous year. When B.C.G. vaccination was first introduced we were much concerned to arrange that children so vaccinated were not exposed to natural infection during the period when they would be reacting to the bacillus. In practice it has not been found necessary to ensure this freedom from the risk of infection for so long a period as was first considered desirable on theoretical grounds, Locally no practical difficulties have been encountered, because the infectious case can now be admitted to hospital forthwith and it is nearly always possible to arrange for the retention in hospital of the newborn until after vaccination.

(b) School Children. Circular 22/53

The acceptance of B.C.G. vaccination improved, and this year three quarters instead of the customary two thirds of our parents allowed their children to undergo the preliminary skin test. Of the 1317 children subjected to the Mantoux test, 134, or 10.2%, reacted positively. In last year's report it was necessary to point out that an apparent rise in the percentage of Mantoux reactors could be related to the fierceness of one batch of P.P.D.,

a very salutary reminder that comparability between various years is valid only when the test material is of constant composition. Ever since, we have continued to use a commercial product which in the opinion of the Medical Officers, who now have considerable experence in the interpretation of results, appears to produce reactions which are strictly comparable. With these considerations in mind it is reasonable to conclude that the level of Mantoux sensitivity in our children continues to decline, having been reduced by one third since we began this work in 1954.

Details of work are set out below:-

School	*No. Invited*	*No. Consents*	*Positive*	*Negative B.C.G. Vaccinated*
Dowsett H.S.	140	90	10	77
Sacred Heart	25	8	2	6
Wentworth H.S.	209	148	10	134
Southchurch Hall H.S.	97	77	7	65
Fairfax H.S.	146	130	12	117
St.Helen's	24	17	5	12
Belfairs H.S. (Boys)	187	147	14	128
Westborough H.S.	315	216	26	182
Westcliff High Boys	103	103	4	93
Westcliff High Girls	145	102	8	92
Southend High Boys	125	101	12	88
Southend High Girls	105	80	6	73
St.Bernard's	130,	98	18	77
	1751	1317 = 75.2 of Col.1	134 =10.2 of Col.2	1144 =86.8 of Col.2

In addition to the children specified in Column 4, 78 were vaccinated at absentee sessions held at the Municipal Health Centre.

With the universal pasteurisation of milk supplies in this area, it can be assumed that a positive Mantoux reaction in a child is a clear indication of infection with myco-bacterium tuberculosis of human origin, and the fall in the number of reactors which is now reported indicates that the foci of infection in the general population are being steadily eradicated, and offers the hope that the next generation may well see the end of tuberculosis as a significant cause of morbidity and death in this country.

Re-examination was made of 430 children who had received

B.C.G. vaccination during the previous year; in all cases but one, a positive reaction was obtained.

School	*No. re-tested.*	*Positive*
Wentworth H.S.Girls	61	61
Wentworth H.S.Boys	49	49
Westborough H.S.Girls	93	92
Dowsett H.S.Girls	53	53
Belfairs H.S.Girls	70	70
Belfairs H.S.Boys	105	105
	431	430

Whenever a patient is notified suffering from tuberculosis, every effort is made to determine the probable source of infection, and where no such explanation is forthcoming we are always uneasy.

This is particularly true of unexplained infections in school children, because we are always on the look out for school-spread disease. Fortunately the experience of recent years has shown that the Mantoux test surveys are a reliable and sensitive index of infection, and when we visit a school and find the overall positive rates are within normal expectations, as we did in respect of 266 pupils at the Southend High School for Boys, we derive much assurance from the results.

Tuberculosis After-Care Sub-Committee

The following statistics furnished by the secretary, Mr.C.Clancy, F.Comm.A., to whom we are indebted for much assistance, relate to the Tuberculosis After-Care Sub-Committee of the Southend Civic Guild of Help, to which the Authority made a grant of £500.

Type of Assistance	*Number Assisted*	*Cost* £.	s.	d
Clothing	8	88	7	1
Travel vouchers to visit patients in hospitals and sanatoria	6	14	10	4
Furniture etc.	6	134	17	8
Groceries and milk	2	82	0	0
Insurances	9	82	10	9
Provision of wireless sets	2	7	6	0
Miscellaneous	7	64	1	2
Christmas Gifts	38	35	18	0
	78	£509	11	0

2. ILLNESS GENERALLY

Convalescent and After-Care Homes

During the year, 47 patients were provided with recuperative holidays or after-care for periods which varied from two to six

weeks. The toal cost of this provision was £827.18s.8d towards which patients or their relatives contributed £206.16s.6d

The Therapeutic Social Club

One reports with regret that this club, which was founded by Dr. Strøm-Olsen and the psychiatric social workers at Runwell, and which received financial assistance from the Authority, held its last meeting on 28.10.57. Such a club is dependent upon the qualities and enthusiasm of its leaders, and it was due to the many other demands on the time of the doctors at Runwell Hospital that it was found necessary temporarily to discontinue its activities.

Home Nursing Requisites

Requisites most universally in demand are supplied on loan by the local division of the St.John Ambulance Brigade, to which the Council made a grant of £100 towards the cost of equipment. Superintendent Harris has kindly furnished the following information about articles loaned during the year.

Patients assisted		1,250
Average period of loan		6/7 weeks
Articles loaned, as under:-		
Bedpans	448	
Urinals	113	
Rubber sheets	446	
Back rests	142	
Wheel chairs	203	
Bed-tables	14	
Air-rings	207	
Commodes	38	
Crutches (pairs)	34	
Walking sticks	10	
Bed cradles	73	
Feeding cups	29	
Enema syringes	4	
Rubber bed-pans	13	
Air beds	6	
Enamel bowls	2	
Sputum mugs	2	
Steam kettles	3	
Dunlopillo rings	4	
Breast pump	1	
Back splint	1	
Dunlopillo mattress	1	
Stretcher	1	
	1,795	

THE HARD OF HEARING

The Southend-on-Sea Hard of Hearing Group continued to meet weekly at the British Red Cross Society premises at 4 Nelson Street.

In December, the Health Committee resolved, subject to the approval of the Ministry of Health - which was later received - to

make a grant of £25.0s.0d for the purchase of an amplifier.

Poliomyelitis Vaccine Studies

Last year some account was given of the part we took in the poliomyelitis vaccine studies initiated by the Medical Research Council. These showed that the English vaccines, then in production, were capable of producing satisfactory antibody response in young children who gave no evidence of previous infection with the virus.

The knowledge derived from these investigations enabled one confidently to recommend the public to register its children for vaccination.

The public, no less than the scientists, asked how long would the protection afforded by this vaccine persist, for while all immunity tends to wane with the passage of time, artificial immunity is lost quicker than that resulting from natural infection. The protection afforded by influenza vaccine is, for example, very short lived and immunity of this order would be of little use in the control of poliomyelitis.

Another immunity phenomenon of equal significance is the markedly increased response with which the individual, previously "alerted" by vaccination or natural infection, reacts to a further stimulus by either of these agents.

This response, well recognised from experience with diphtheria immunisation, has led to the practice of giving a "booster" dose, an inelegant but most apt description of its purpose.

Blood samples taken before and after the "booster" dose from children whose original response to the poliomyelitis vaccine had already been determined would answer the two questions, namely "how long does immunity last", and "what is the effect of a 'booster' or reinforcing injection?"

In this country there were only 196 "triple negative" children concerning whom this information was available, of whom 54 were in Southend. In addition there were another 142 children whose response to vaccination was known. We were asked to approach the parents of these children and once more ask that we should take samples of blood from them. The very satisfactory response owed much to the patient and understanding work of Miss Lake who had conducted the environmental enquiries in the previous year. She had been able to prepare the parents for such a request, and convey to them an understanding of the importance of the projected investigation. We were able to submit blood samples from 107 of the children.

It is pleasant to record the interest which these studies evoked in the staff and the care with which each played his allotted part. In retrospect there have been few of our activities which give more justifiable satisfaction.

The conclusions reached by the Medical Research Council investigators and published in the B.M.J. November 23rd, 1957, volume II pp. 1207 - 1209, are as follows:-

> "It is evident from the results of this study that a third injection of poliomyelitis vaccine, given to children 8 to 11 months after the primary course, produced a substantial antibody response to all three components of the vaccine. The responses in many of the children were as good as those which occur in children as a result of infection with poliomyelitis virus. These findings are similar to those already reported from America by Salk and Brown and Smith.
>
> It should be noted, however, that during the period between the primary course of immunisation and the third injection, a decline in antibody leveloccurred, which was especially marked in the case of types 1 and 3, resulting in a high proportion of children with titres of 4 or less at the time of the third dose."

SECTION 29. DOMESTIC HELP

The direction and administration of this scheme remained unaltered throughout the year. Your expenditure per 1,000 population rose by £4. 13s. 0d to £136. 6s. 0d, whereas the national average increased by £16. 15s. 0d to £116. 5s. 0d.

The service continues to play an indispensable part in preventing or delaying the admission of the elderly to Part III beds thus retaining them in the community and relieving pressure on your accommodation. It also lessens the demands for hospital admission and permits of the domiciliary confinement of many mothers who, without its assistance, would be compelled to seek admission to the maternity unit.

The cost per case serviced fell by £1. 12. 0d to £23. 12s. 0d, whereas the national average rose by £1. 13s. 0d to £26. 13s. 0d. These comparisons confirm the view previously expressed that your relatively high expenditure is directly related to the large number of persons who are assisted.

The number of individual families who received help during the year was 1, 115 as compared with 1, 142 in the previous year.

Domestic and Home Help Scheme 1957

Staff employed:-		on 1. 1. 57	on 31. 12. 57
Full-time	...	23	21
Part-time	...	111	111
Casual	...	-	-
		134	132

Number of cases assisted:-

Domestic Help Cases	...	836
Home Help Cases	...	279

of these

530	were assisted	under 1 month
132	" "	1-3 months
65	" "	3-6 months
119	" "	6-12 months
269	" "	over 12 months

Assessments	*Domestic Help*	*Home Help*
FREE	169	9
10s.0d per week and under ...	401	13
Over 10s.0d and under £1. ...	49	19
£1 - £1.10s.0d	33	52
£1.10s. -£2	18	30
£2 - £3	13	85
£3 - £4	4	33
£4 - £5	-	13
£5 - £6	1	4
£6 - £7	-	1
FULL COST	148	20

	Domestic Help	*Home Help*
Total Wages Paid	£24,589.0s.0d	£3,291.12s.9d
Total Collections	£4,601.0s.5d	£1,087.11s.11

SECTION 51 - MENTAL HEALTH SERVICES

The year saw no major changes in your mental health service, the same problems arising from the same causes.

These can be summarised by remarking that the hospital service has not been developed to meet the needs of this area, where there is a rapid expansion of the population, an increasing proportion of the elderly,and a growing awareness of the potentialities of psychiatric treatment with its more ready acceptance.

The elderly, overtaken by the degenerations of age, are still inadequately provided for. Failure to do this diverts the mental hospital from its true purpose, uses expensive accommodation uneconomically and, at the other end of the scale, it places a great burden on your Part III accommodation, frustrating its development.

Once more it is necessary to state that your Part III accommodation makes a contribution in this field which is neither as well understood nor appreciated as it should be.

Admissions to psychiatric beds declined slightly from 550 to

541; the over 65's formed nearly 30% of the admissions as compared with 26.5% last year, and your officers arranged for the hospitalisation of 147 persons from this age group as compared with 129 in 1956.

While the method by which patients in need of psychiatric assistance obtain admission to hospital varies from year to year, the proportion of instances in which compulsory powers have to be invoked is comparatively unchanged.

The number of Summary Reception Orders made fell by 15 to 49 and the total of Urgency Orders by 4 to 28 but the total of so called Three-Day Order Admissions rose from 110 to 126.

These alterations seem to be brought about by the changing circumstances of the two hospitals in which psychiatric beds are provided, and are the reflection of administrative convenience rather than any modification in the approach to mental illness.

It is nevertheless gratifying to report that the informal admissions to psychiatric beds at Rochford rose from 52 to 63.

The department arranged the admission of 6 patients to hospitals outside the area, namely Goodmayes 2, Friern Barnet 2, Belmont 1, and Caine Hill 1.

Mental Illness: Work of the Duly Authorised Officers: 1957

Patients admitted to Runwell Hospital:-

	Males	*Females*	*Total*
Lunancy Act, 1890.			
(a) Section II. Urgency Order	2	26	28
(b) Section 16. Summary Reception	18	31	49
Mental Treatment Act, 1930			
(a) Section 5. Temporary Patients	2	10	12
(b) Section 1. Voluntary Patients	54	111	165
(c) Section 1. Voluntary Patients, direct admissions	50	48	98
Patients admitted to Rochford General Hospital:- Observation Wards:-			
Lunancy Act, 1890			
Sections 20 (3-day orders)	63	63	126
Section 21 (1) Justice's Temporary Removal Order	-	-	-
Section 21 (2) Justice's 14 day order	-	-	-
Direct admissions (without order)	33	30	63
Total	222	319	541
Section 28. N.H.S. Act, 1946			
Pre-Care	15	53	68
After-Care	103	222	325
	118	275	393

	Males	*Females*	*Total*
Cases referred to the Department in which no statutory action was taken	16	36	52
Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946	1,949		

Of 189 patients admitted to Rochford Hospital (Section 20 - "3 day orders") and direct without order, 25 were aged 70-75 years, 21 were aged 75-80 and 30 were over 80 years of age. The following table shows how they were dealt with: -

In hospital on 31.12.56	25	
To Runwell Hospital as Certified Patients		19
To Runwell Hospital as Voluntary Patients		10
To Connaught House (Part III Accommodation)		5
To General Wards		5
Died in Rochford General Hospital		47
To relatives		102
Still in Hospital 31.12.57		26
		214

The recurrent nature of mental illness is well illustrated by the fact that no fewer than 61 of the patients re-admitted to Runwell Hospital, returned less than one month after being discharged. The following table which relates to admissions to Runwell Hospital shows how frequently the mentally ill relapse:-

Previous admission	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	17
No. of cases	139	72	44	26	13	10	5	2	4	2	1	2	2	1	1	1
No. (included in above) of direct voluntary admissions (Mental Treatment Act, 1930 Section 1)	62	22	6	3	3	1	1	-	-	-	-	-	-	-	-	-

In addition, 27 patients were re-classified on the expiry of urgency orders.

Sources of referral	*Method of Disposal To*		*After-Care*	*Pre-Care*	*No. Action*	*Total*
	Runwell	*Rochford*				
Doctors	74	101	34	41	21	271
Relatives, friends	11	11	90	13	11	136
Psychiatric Services (including Psychiatric Out-Patient Clinic)	169	27	31	2	-	229
Police	17	20	6	1	6	50
Southend General Hospital	15	25	2	2	4	48
Personal Application	8	2	143	4	2	159
Transfers from Rochford G.H.	31	-	-	-	-	31
Reclassifications	27	-	-	-	-	27
Other sources	-	3	19	5	8	35
Total	352	189	325	68	52	986

Disposal of patients not requiring statutory action	*New Patients*	*Former Patients*
To Psychiatric Out-Patient Clinic	21	55
Referred re Part III Accommodation	10	3
For follow-up by D.A.Os	24	10
To General Hospitals	5	4
To Superintendent of Home Nursing	2	-
To Home Help Organiser	-	5
To Private Residential Accommodation	5	27
To Mental After-Care Homes	-	5
To Employment	1	5
Total	68	114

	Male	*Female*	*Total*
N.A.A. 1948 Sections 48 and 50 (Protection of Property)	19	62	81

No. of visits ... 173

Supervision of Male Mental Defectives:

Statutory - 18 Licence - 3
Voluntary - 14 Guardianship - 1

No. of visits ... 89

Total No.of visits 2,211

Patients admitted to Runwell and Rochford Hospitals, 1957.

	MALE																FEMALE															
	Under 16	16/20	21/25	26/30	31/35	36/40	41/45	46/50	51/55	56/60	61/65	66/70	71/75	76/80	over 80	Total	Under 16	16/20	21/25	26/30	31/35	36/40	41/45	46/50	51/55	56/60	61/65	66/70	71/75	76/80	over 80	Total
Runwell Certified Sec. 16 L. A. 1890	-	1	2	1	6	1	-	2	-	2	-	1	1	1	-	18	-	-	3	1	1	3	1	3	4	3	4	3	3	2	-	31
*Urgency Sec. 11 L. A. 1890	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	-	1	2	2	1	3	2	3	4	-	2	4	2	-	-	26
Temporary Sec. 5 M. T. A. 1930	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2	-	1	-	-	-	-	-	-	4	-	2	-	3	-	-	10
Voluntary Sec. 1 M. T. A. 1930	-	1	6	4	5	5	2	5	5	7	4	5	3	1	1	54	1	4	3	8	8	9	10	13	19	7	9	11	4	5	-	111
Rochford Hospital Sec. 20 L. A. 1890	-	2	3	2	8	4	1	2	3	4	5	3	9	3	14	63	-	1	-	-	-	4	3	3	5	2	5	8	11	11	10	63
Informal admissions to Rochford	-	-	-	1	-	3	3	3	4	1	3	3	3	5	4	33	-	-	-	1	1	-	1	6	2	6	2	5	2	2	2	30
TOTAL	-	4	11	8	21	13	6	12	12	14	12	14	16	10	19	172	1	7	8	12	11	19	17	28	38	18	24	31	25	20	12	271
Direct Voluntary (Not requiring action by Dept.)	-	2	3	6	2	6	3	5	8	4	7	4	-	-	-	50	-	-	2	7	8	4	2	2	3	6	6	4	1	1	2	48
TOTAL	-	6	14	14	23	19	9	17	20	18	19	18	16	10	19	222	1	7	10	19	19	23	19	30	41	24	30	35	26	21	14	319

* NOTE: An urgency order (Sec. 11) is only operative for 7 days, and patients admitted pursuant to Sec. 11 must, therefore, be disposed of under other provisions, namely Sec. 16 or Mental Treatment Act 1930, Sec. 1. Thus while there were 254 admission procedures to Runwell Hospital undertaken by the department, only 224 individuals were involved.

MENTAL DEFICIENCY

Ascertainment

New patients notified during the year totalled 48, an increase of 3 on the previous year's figure. Of these, 10 had moved into the town from Kent, Essex or Middlesex, and 2 were patients from other local authorities who were discharged after a period of licence in the Borough.

	Under Age 16		*Aged 16 & Over*	
	M	*F*	*M*	*F*
1. Particulars of cases reported during 1957				
(a) Cases at 31st December, 1957, ascertained to be defectives "subject to be dealt with"...				
Number in which action taken on reports by:-				
1) Local Education authorities on children:				
(i) While at school or liable to attend school	7	6	-	-
(ii) On leaving special schools...	-	-	-	-
(iii) On leaving ordinary schools	1	-	-	-
2) Police or by Courts ...	-	-	-	-
3) Other sources	2	3	3	3
(b) Cases reported who were found to be defectives but were not, at 31.12.57, regarded as "subject to be dealt with" on any ground	1	4	6	5
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	1	-	2	1
(d) Cases in which action was incomplete at 31st Dec. 1957, and are thus excluded from (a) or (b)	1	1	1	-
TOTAL	13	14	12	7

	Under Age 16		*Aged 16 & Over*	
	M	*F*	*M*	*F*
2 Disposal of cases reported during 1957:				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number				
(i) Placed under Statutory Supervision	10	8	3	3
(ii) Placed under Guardianship ...	-	-	-	-
(iii) Taken to "Places of Safety" ...	-	-	-	-
(iv) Admitted to Hospitals ...	-	1	-	-
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number				
(i) Placed under Voluntary Supervision	1	4	5	5
(ii) Action unnecessary ...	-	-	-	-
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged ...	-	-	1	-
TOTAL	11	13	9	8

Short-term care of Mental Defectives.

During the year, applications were received for short-term care for 11 patients. One of these, a small boy aged 5 years, was sent to an approved home in Suffolk for young handicapped children for four weeks from February to March to relieve his parents. In November his mother broke down and he had to be removed at short notice to South Ockendon Hospital for a further period of short-term care, while preparations were made for his certification and re-admission on a long-term basis. Of the other applications, 6 were in respect of children between the ages of four and eleven years whose parents were in need of a rest: 3 who were under seven years of age were sent to the approved home in Suffolk already mentioned, for three, four and eight weeks respectively, and the others were admitted to South Ockendon Hospital for periods varying from two to five weeks. One child who was blind and severely handicapped died in the hospital. One boy aged 6 years was admitted at a couple of hours notice to Warley Lodge, Brentwood, ancillary premises of South Ockendon Hospital, his family having been evicted from their furnished flat on account of insanitary conditions largely caused by his presence; he was retained on a short-term basis for five-and-a half weeks before being re-admitted under an Order. A girl aged 17 years was also admitted at short notice to South Ockendon Hospital for eleven days during the illness of her mother. One child suffering from the dual handicap of mental deficiency and blindness was admitted for two months to the Fountain Hospital, Tooting, for observation to determine her suitability for the Ellen Terry Home, Reigate, and incidentally to give her mother a rest. One application was withdrawn.

3. *Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to*

	Under Age 16		*Aged 16 & Over*	
	M	*F*	*M*	*F*
(a) National Health Service Hospitals	3	3	-	1
(b) Elsewhere	2	2	-	-
TOTAL	5	5	-	1

Total Cases on the Register

During the year the total number of patients on the register increased by only 6, - 4 in institutions and 2 in the community. A total of 7 patients died, - 2 in institutions and 5 in the Community. One patient escaped from an institution. Her sister, under statutory supervision, left the town, and neither could be traced; 2 patients removed to unknown addresses, and 9 left the

town to known destinations and were referred to the appropriate local health authorities. The names of 6 patients who had become stabilised in the community were removed from the active supervision list and one who had been on licence from South Ockendon Hospital was discharged from his Order on the ground that he was no longer certifiable. A total of 33 new names was added to the Register.

	Under age 16		*Aged 16 and Over*	
	M	*F*	*M*	*F*
4. Total cases on Authority's Register at 31.12.57				
(i) Under Statutory Supervision				
(a) Living in the Community	19	17	57	58
(b) In Residential Accommodation	-	-	1	3
(ii) Under Guardianship				
(a) Within the Borough	-	-	1	-
(b) Outside the Borough	-	1	2	1
(iii) In "Places of Safety"	-	-	-	-
(iv) In Hospitals				
(a) Institutions (under Order)	15	7	72	72
(b) On licence from Institutions	-	-	4	1
(c) In approved Homes	-	-	3	1
(v) Under Voluntary Supervision	10	17	45	49
TOTAL	44	42	185	185

	Under Age 16		*Aged 16 & Over*	
	M	*F*	*M*	*F*
5. Distribution of Patients receiving Institutional Care of all kinds as on 31.12.57 (excluding those on licence).				
Royal Eastern Counties Hospital	1	-	38	23
South Ockendon Institution	14	7	22	37
Royal Earlswood Institution	-	-	4	2
Leybourne Grange Colony	-	-	1	-
Hortham Hospital	-	-	1	2
Princess Christian's Farm Colony	-	-	1	2
Glenfrith Hospital	-	-	1	-
St. Mary's Alton	-	-	-	1
Harmston Hall Colony	-	-	1	-
St. Theresa's	-	-	-	2
Royal Western Counties Institution	-	-	1	-
St. Raphael's	-	-	1	-
Little Plumstead Hall	-	-	-	1
Darenth Park Hospital	-	-	-	1
Leavesden Hospital	-	-	1	-
*St. Mary's Convent Roehampton	-	-	-	1
Field Place Approved Home	-	-	-	1
Hamilton Lodge Approved Home	-	-	3	-
Connaught House	-	-	1	1
Other Residential Accommodation	-	-	-	2
Totals	15	7	76	76
*Privately placed				
Total number of Defectives under Community Care on 31.12.57	29	35	109	109
TOTAL ON REGISTER	44	42	185	185

Institutional Care

Between 1950 and 1956 the number of new applications for institutional care received in a year has varied between 9 and 14, but during the past year it has shown a spectacular rise to 22, while admissions to South Ockendon Institution during the year, 10 in number, have been a little below the comparable average. Thus, the number on the waiting list, which had steadily decreased since the inception of the National Health Service, from 38 to 11 patients, rose again and stood at 19 on the 31st December, 1957. Of the 11 patients remaining on the waiting list at the end of 1956, three were admitted during the year, one man and two women, all middle-aged and of medium grade intelligence, who had lost their parents and whose behaviour in the homes of younger relatives caused difficulty and distress. The other seven patients admitted during the year were new applications, three of them low-grade children, - a class for whom until recently it would have been impossible to obtain vacancies without very considerable delay. Two were boys, already referred to in the section on short-term care, and one was a helpless female patient aged 5 years who constituted a nursing problem.

Of the four patients over the age of 16 years, one was a youth convicted at the Essex Assizes and dealt with under Section 8 of the Mental Deficiency Act 1913, and two were girls with difficult home backgrounds and mild behaviour difficulties who needed a period of training. The remaining patient, low-grade and partially blind, was left homeless on the death of her mother. We are indebted to Dr. Matheson for his understanding and help in these various contingenci during the year.

One does not doubt that films and radio talks about the mental deficiency hospitals, are influencing parents more readily to seek this form of care for quite young handicapped children. While this may ultimately be a good thing for the families concerned, especially where there are other children to be considered, it swells the waiting lists, for notwithstanding the increased provision now being made, older children still require to be given precedence.

6. Classification of Defectives in the Community on 31.12.57 (according to need at that date).

	Under Age 16		*Aged 16 & Over*	
	M	*F*	*M*	*F*
(a) Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority.				
1) In urgent need of hospital care:-				
(i) "Cot and chair" cases	1	1	-	-
(ii) Ambulant low-grade cases	2	2	-	-
(iii) Medium grade cases	-	1	2	-
(iv) High grade cases	-	-	-	-
Total urgent cases	3	4	2	-

	Under Age 16		Aged 16 & Over	
	M	F	M	F
2) Not in urgent need of hospital care:-				
(i) "Cot and chair" cases	-	1	-	-
(ii) Ambulant low-grade cases	4	1	-	1
(iii) Medium grade cases	-	-	1	-
(iv) High Grade cases	-	-	1	1
Total non-urgent cases	4	2	2	2
Total of urgent and Non-urgent cases	7	6	4	2
(b) Of the cases included in items 4(i),(ii) and (v);number considered suitable for:-				
(i) Occupation centre	21	18	16	26
(ii) Industrial centre	-	-	12	18
(iii) Home training	-	-	-	-
TOTAL	21	18	28	44
(c) Of the cases included in 6 (b), number receiving training on 31.12.57:-				
(i) In occupation centre	17	17	-	3
(ii) In industrial centre	-	-	-	-
(iii) From a home teacher in groups	-	-	-	-
(iv) From a home teacher not in groups	-	-	-	-
TOTAL	17	17	-	3

Work of the Mental Deficiency Officer

Reference was made in last year's report to the increasing amount of social case-work. The number of people interviewed in the office increased by one half as compared with the previous year. More home visits were paid, and there were more journeys for the purpose of escorting patients. The number of certified patients supervised on behalf of other authorities, together with the reporting and correspondence involved, was also greater than in the previous year.

	Under Age 16		Aged 16 & Over	
	M	F	M	F
7. *Work for other Authorities*				
Guardianship Cases supervised on behalf of other authorities during the year	-	-	1	4
Licence Cases from other Authorities	-	-	4	7

8. Number of Home Visits paid by the Mental Deficiency Officer during the year:	1389
Interviews in office	129
Journeys with patients to or from homes or institutions	20

Occupation Centre

The need for suitable permanent premises for the Occupation Centre has been referred to in previous reports: from time to time various possibilities have been considered.

The Highways Committee decided to relinguish its depot at Tunbridge Avenue and the Health Committee took the opportunity of the proposed redevelopment of the site to ask that a portion be reserved for an Occupation Centre.

In the course of informal consultation with the Ministry's officers concerning this proposal, reference was also made to the possibilities of acquiring, adapting and adding to premises near the centre of the town known as Glenhurst Cottage, which had recently come on to the market.

It was understood either project was likely to commend itself, at least in principle, to the Ministry, and so when the Council decided that the whole of the Tunbridge Avenue site was to be utilised for other purposes, the Health Committee immediately turned its attention to the possibilities of Glenhurst Cottage. In so doing it was much encouraged by the obvious sympathy which the Council had displayed towards the proposal to build an Occupation Centre, and the regret with which it refused the request for accommodation at Tunbridge Avenue.

The teacher in charge, Miss V.E.W.Hodgson, reports as follows:-

"There were 8 admissions and 7 withdrawals during the year, at the end of which 41 names were on the register. Of the withdrawals 4 children had been transferred to institutions, 2 had been found suitable for trial at the E.S.N. special school and 1 had left at the parents' request.

During the earlier part of the year Mrs.Kirby, assistant teacher, was absent on sick leave and Mrs. Page, domestic helper, was absent on account of illness from September to December. In these circumstances we should have been in grave difficulties but for the appointment, earlier, of a trainee, Miss B.Hodgson.

Experience during the year has further shown how desirable it would be to organise the teaching in smaller groups, and we look forward to the time when, in permanent premises, they can be a regular feature of our organisation.

The staff are much encouraged by the interest of the Committee and its satisfaction with the results achieved. No one who has attended the Christmas party or the Open Day at the Occupation Centre can have any doubts of the esteem in which the Centre is held by the parents of those children for whom it does so much".

FOURTH INTERNATIONAL CONFERENCE ON POLIOMYELITIS.

The fact that several papers on the epidemiology and management of poliomyelitis outbreaks have emanated from the department, apparently did not escape the attention of those who industriously scan the world's literature on this subject, and to this fact can be attributed the invitation which your Medical Officer of Health received to attend the Fourth International Conference on Poliomyelitis which was held in Geneva. The Council very generously authorised his attendance at Geneva and he welcomes this opportunity of acknowledging this kindness and of expressing his sincere appreciation of all that the occasion meant.

The Conference was organised by the Infantile Paralysis Fellowship of the United States. The arrangements were superb, involving the modification of one of the largest public buildings in the city to provide a temporary gallery, a tiered auditorium with desks and simultaneous four languages translation facilities.

It was memorable to listen to those who hitherto had been but names attached to scientific papers, and both salutary and heartening to realise how much our understanding of this disease derives from work done in many countries.

The United States dominated the conference by reason of the size of its delegation and the success of the Salk vaccine. The tragic experiences of Copenhagen and the dauntless efforts made by the Danes to treat their patients afflicted with respiratory paralysis has resulted in a much better understanding of mechanisms involved in this complication and of the best means of treating it. In the presentation of these new advances Larsen and his colleagues rightly took a leading part.

It was most illuminating to see the films of the "home care" programmes which the Fellowship had initiated in the United States. It came as a surprise to learn that much of the cost of the hospital treatment of poliomyelitis patients is borne by the Fellowship, and that the financial burden of long continued hospitalisation had caused anxiety even to the wealthiest nation on earth. Its enterprise and resources were well exemplified by the expedients which have enabled gravely handicapped persons to return to their homes, and its experience gives a complete denial to those who question both the personal and communal value of making available to the disabled all the resources that they can properly employ.

The conference worked hard daily from 9 a.m. until 6 p.m. all through a Genevan heatwave, and one caught an occasional echo of violent controversies and acute personal differences. It was easy for this observer to deduce that the real battle of the future would be between the proponents of the Salk-type vaccine and those who argue that the final aim must be an attenuated living vaccine which can be administered orally.

Any disappointment which might have been experienced when one realised how one's British colleagues had not been invited to participate in the planning of the conference, disappeared when one saw them on the platform. It is hardly too much to say that every British representative made a significant contribution in his own field; each seemed to be able to draw together the various complex threads of this subject, and on the loom of his own mind, weave them into a comprehensible and patterned tapestry. One also became aware that some of the work which has made possible our investigation and understanding of the disease, derives from the basic work in British laboratories. Our scientists may not command financial and technical resources on a scale which is commonplace across the Atlantic, but the quality of their minds and work clearly invites comparison with the best the world has to offer.

INFECTIOUS DISEASES: *Notifications*

Scarlet Fever	103
Whooping Cough	833
Poliomyelitis	21
Measles	3,000
Diphtheria	-
Pneumonia	130
Dysentery	57
Polio-Encephalitis	-
Typhoid	-
Paratyphoid "B"	-
Erysipelas	28
Meningococcal Infection	3
Food Poisoning	39
Puerperal Pyrexia	5
Ophthalmia Neonatorum	-
Infective Hepatitis	107
Puerperal Fever	-
Malaria	-
	4,326

SCARLET FEVER

There were only 103 notifications of this disease, a third of the number returned in the previous year. While the incidence was almost uniform throughout the greater part of the year, there was a tendency for a slight rise during the last quarter. The regression in the severity of scarlet fever which has been noted during the last two decades continues and as it becomes milder, the public are correspondingly less inclined to treat the infection seriously. There is therefore a growing disinclination to accept home isolation and therefore one can expect that other manifestations of infection with the streptococcus will become commoner in other members of the household.

WHOOPING COUGH

In all there were 833 notifications of whooping cough of which 646 were received during the first quarter. This epidemic had been heralded by a rise in notifications from the middle of November in the previous year and its full force was experienced in the succeeding months of January and February.

There was one death from this cause, an infant aged 3 months.

MEASLES.

We received 3,000 measles notifications. The first peak occurred during the first quarter of the year, with a maximum incidence at the end of February when, in one week, 356 notifications were received. A small secondary peak occurred between the middle of May and the end of June.

MENINGOCOCCAL MENINGITIS.

Particulars of three notifications are set out below:-

1.	Male, aged 1.	Admitted to hospital	17. 1. 57
2.	Female, aged 42.	" " "	4. 2. 57.
3.	Female, aged 14.	" " "	7.12.57.

PNEUMONIA.

The total notifications were 130, practically the same as in the previous year, the quarterly incidence being 37, 10, 9 and 74 respectively. With the first week of the fourth quarter the weekly notifications rose abruptly to 13, and in the three succeeding weeks a total of 28 notifications were received. After the first week in November the number of notifications declined again.

The age and sex classifications of the notifications are given below:-

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	NK
Males	3	4	7	4	8	3	8	9	18	1
Females	1	7	9	2	4	11	12	5	12	2

FOOD POISONING.

The analysis of food poisoning notifications as submitted to the Ministry of Health sets out most of the important facts:-

	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Total*
No. of "corrected" notifications	3	11	25	0	39

Outbreaks due to identified agents	=	0		
Outbreaks of undiscovered cause	=	6	Total cases =	22
Single cases due to identified agents:	=		Salmonella Schwartzengrund (Infected in Austria) =	1
Single cases of undiscovered cause			=	16

VIRUS INFECTIONS OF THE CENTRAL NERVOUS SYSTEM.

Until now the accurate diagnosis of virus infections of the central nervous system has been of scientific rather than any great practical importance, although in our attempts to elucidate the epidemiology of these conditions we have done our best to be precise.

Now that we have a vaccine against poliomyelitis, accuracy in diagnosis is essential accurately to assess its true value.

Diagnosis rests upon the history and the clinical findings together with aid from the laboratory. This assistance is of three kinds, namely, the demonstration in the cerebrospinal fluid of cytological and bio-chemical changes, the isolation of a cytopathic pathogenic virus from the faeces and the demonstration over a few weeks of the rise in poliomyelitis antibody in the circulating blood. The last mentioned investigations, virus culture and serology, are still being developed, and in the year under review they were not available for all our patients. The isolation of virus in particular, is a highly skilled procedure depending on the successful propagation of cells in tissue culture which is often beset with frustrations and disappointments.

With further experience this test will become increasingly reliable, but writing today it is necessary to indicate its limitations and their consequences on diagnosis. The isolation of virus establishes the diagnosis, but the failure to do this lacks the same evidential value, because it may be due to any of a variety of technical difficulties.

Up to quite recently we have been confident in our diagnosis of the non-paralytic cases, but the virologists have recently shown us that there are other virus infections which can simulate poliomyelitis and therefore the diagnosis of non-paralytic disease is now beset with difficulties we did not previously appreciate.

In the table which follows we have attempted with the co-operation of Dr. Crosswell, under whose care most of the patients were treated, to make an accurate retrospective diagnosis in each of the patients notified during the year, but it must be admitted that in a few instances we can only balance probabilities:-

No.	*Onset*	*Sex*	*Age*	*P/NP.*	*C.S.F. Abnormal*	*Virus isolated*	
1	12.1	F	28	P.			Died
2	12.1	F	27	P.	+		
3	19.6	M	7	N.P.		NEG.	
4	3.8	M	8	N.P.	+		
5	9.8	M	7	N.P.	+	Virus Type 1	
6	14.8	M	3	N.P.	+	Virus Type 1	
7	18.8	M	8	N.P.	+	Virus Type 1	
8	16.8	M	28	N.P.	+		
9	18.8	M	12	P.	+	Virus Type 1	
10	6.9	F	2	P.		NEG.	
11	8.9	M	14	N.P.	+	NEG.	
12	16.9	F	3	P.		Virus Type 1	
13	27.9	F	34	P.			

No.	*Onset*	*Sex*	*Age*	*P/NP.*	*C.S.F.Abnormal*	*Virus isolated*	*Whether vaccinated*
14	1.10	M	11	P.		NEG.	
15	4.10	M	4	P.		NEG.	
16	5.11	F	3	P.	+	Virus Type 1	
17	8.11	F	37	P.	+		N.A.
18	20.11	F	3	N.P.		NEG.	
19	19.12	M	4	N.P.	+	Virus Type 1	

Patients shown in italics are considered not to have acquired the infections in Southend-on-Sea. No. 4, a visitor from Dorset, was ill on arrival, No.9 had been in a camp in Sussex prior to his illness, while No 13, a resident of Canvey Island, was diagnosed on admission to hospital here.

Nos.14 and 15 lived in the same road, but we were unable to establish any likely connection between the cases. Otherwise little of epidemiological significance came to light except a suspicion that the appearance of the disease in the late summer had some association with events in Canvey Island. It is interesting to observe the group of successful virus isolations from patients in the first 3 weeks of August, with the laboratory reports both earlier and later in the year. In December there were several patients who were suspected to be suffering from poliomyelitis. Most of them were finally regarded as suffering from benign aseptic meningitis and one from an adeno-virus infection.

INFECTIVE HEPATITIS.

The 107 notifications of this disease relate to the following four week periods:-

Cases (four week periods)

1 5 12 9 19 25 8 2 7 9 4 3 3 = 107

Age Groups

0-	5-	10-	15+		
6	39	23	39	=	107
5.6%	36.45%	21.5%	36.45%		

It will be observed that 62 patients, or 58%, were of school age and more than one-third were adolescents or adult.

Infective Hepatitis has often been very widespread in armies, and in World War II was a particular nuisance in the North African Campaign. It is characterised by malaise, fever, discolouration of the skin, which is sometimes followed by troublesome itching, and adults in particular may be very depressed in its later stages. The incubation period can vary between 10 and 40 days, but it is commonly about 3 weeks. The causal agent has never been identified, although it is extremely likely to be a filter passing virus. In a family it can attack a number of the members successively, so the disease

may remain in a single household for six months or more.

In 1956 a school spread outbreak centered on Hinguar School was reported, and two instances involving other schools occurred during this year.

The Chalkwell school episode began with the notification of a child aged 5 (class 8 infants); 19 days later his two brothers, aged 14 and 11 respectively, sickened and 12 days after that, a fourth child, in the same family, aged 2, became ill.

The source of this family infection was never established but it may be significant that the father returned from Baghdad some five weeks prior to the first illness.

A classmate of the first patient, aged 5, developed the disease 19 days after the first case, and thereafter another 7 children from this school were notified; additionally two unnotified cases were also discovered. Of 11 cases, 4 were in class 8 infants, and another 3 were from the Infant Department.

In addition 9 cases occurred in the family contacts of children attending this school, the last patient sickening as late as August 31st.

On May 2nd a brother and sister aged 3 and 9 years respectively living in No. 27 Families Hostel became ill, and 4 days later, 2 boys from the same family developed symptoms. Of these children, 3 attended Chalkwell School, and one of the boys who sickened on May 6th also belonged to class 8. It seems likely that these 4 children were infected from a common source, and the most likely explanation would appear to be that an unrecognised case attending Chalkwell School and living in the Hostel was responsible. Other cases were notified from the Families Hostel on May 22nd, May 24th, July 9th and August 31st.

It seems a fair supposition that infection was carried to Hamlet Court School where a case was notified with onset on May 21st, by a child living in the Families Hostel.

In all there were seven cases in Hamlet Court School but, as the last three onsets, 1.9.57, 7.10.57 and 22.11.57. were all members of the same family, the disease did not establish itself here as it did in other schools. Moreover the home contacts of children attending Hamlet Court School appear to have escaped in this outbreak.

Bournemouth Park School provides the infant and junior departments for the western part of Southchurch while Hamstel makes provision for the same age range in the eastern area. For secondary education, children from both these primary school areas attend

Wentworth High School, with its separate departments for boys and girls.

In the figures which follow, an attempt is made to show the large number of cross home contacts of this disease which have to be taken account of, and affords evidence for the belief that schools can play a considerable part in the spread of some outbreaks.

The earliest case occurred in Wentworth School. Thereafter the disease appeared in Bournemouth Park School where all three departments were probably infected much about the same time. As the outbreak progressed, one saw the spread of the disease to Sacred Heart School, probably an extension of the infection established earlier in Wentworth School. Infection was undoubtedly active for a considerable time in many households, because multiple cases were not uncommon.

The possibility of prolonged "carriage" in a family is suggested by the melancholy coincidence that a child aged 9 sickened from the disease on September 1st from which her brother, aged 13, had died eleven months earlier.

In the table which follows, the cases are numbered chronologically and multiple cases in the same household are shown by a letter thus (a).

In the diagrams following the table, an attempt is made to demonstrate graphically the situation already described in the text.

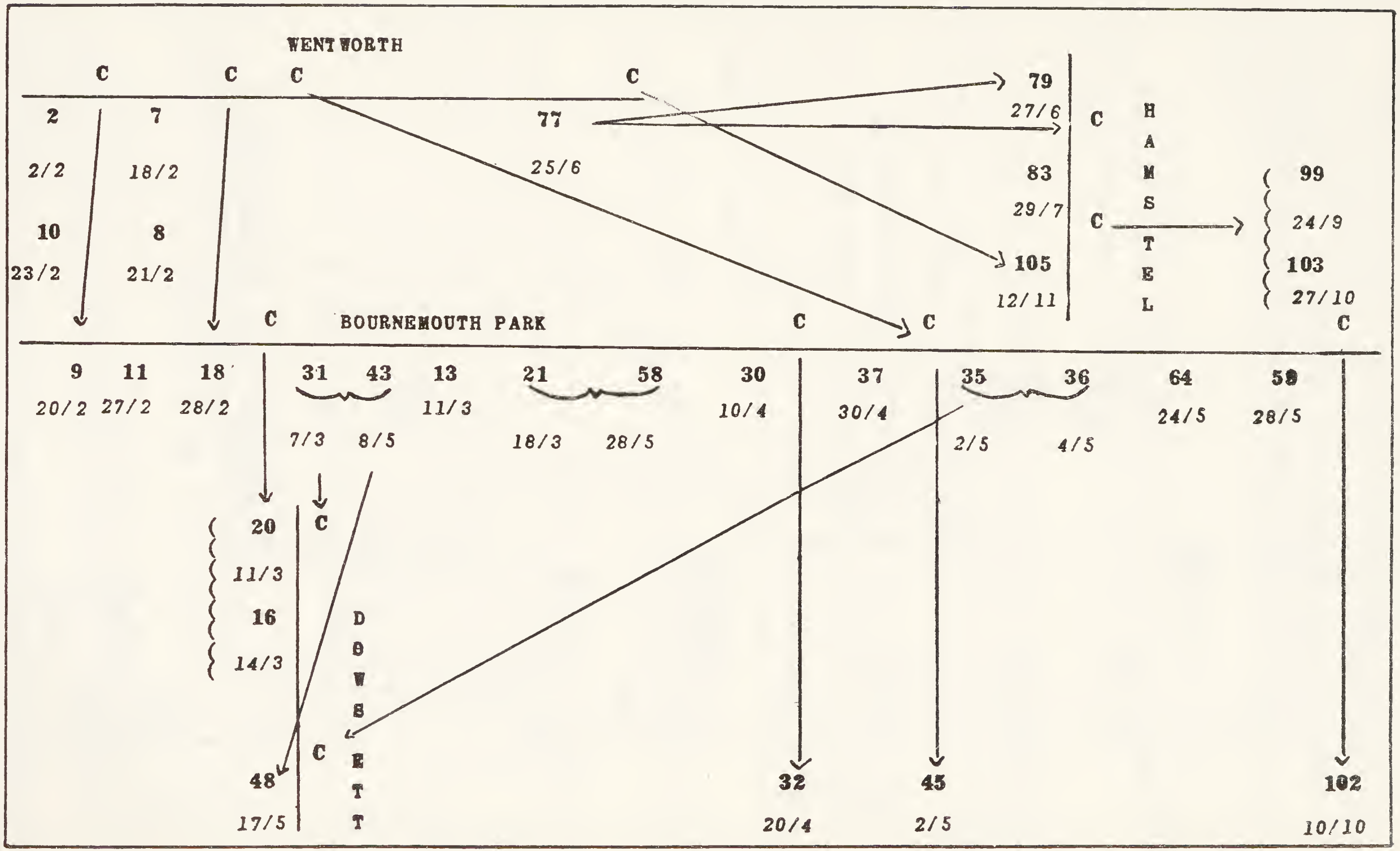
The patient is designated by a number, with day and month of onset underneath.

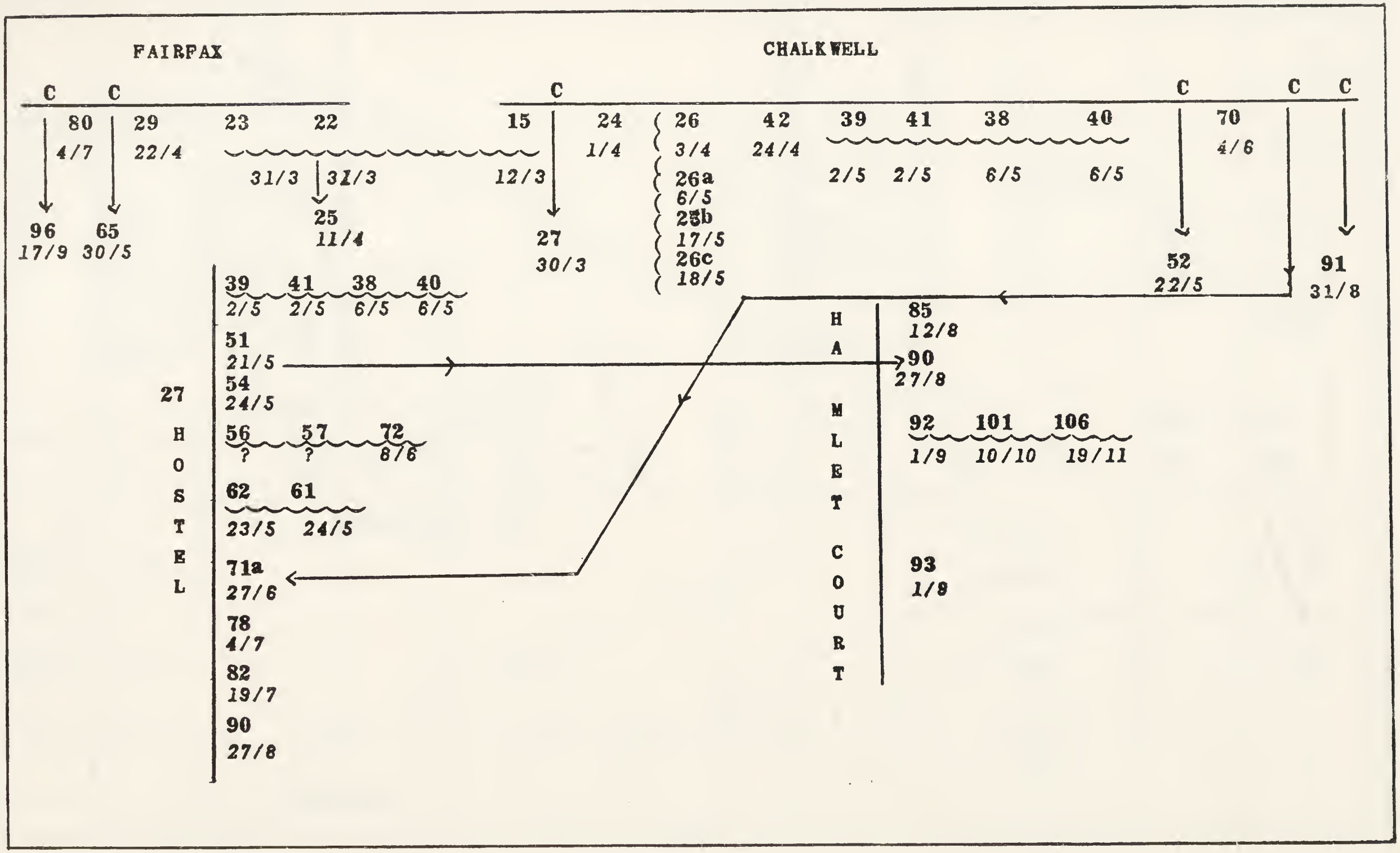
"C" indicates that the patient had a contact or contacts in the school shown.

Multiple cases in the same household are bracketed.

Note. The diagram suggests there was only a single link between the Families Hostel and the two schools, whereas the connection was multiple and operated continuously. There are at any one time upwards of 100 children from the Hostel who attend one or other school.

Period	Non-school patient	B.Park	Wentworth	Dowsett	Hamstel	St.Christophers		Chalkwell	Hamlet Court	Fairfax	Military Families	Non-school patient
5/1												
19/1												
2/2			2 (g)									
16/2	8	C. 9 11 18	C. 7									
2/3	20 (a)	13 C 31(d)	C	16 (a) C				15 (k)		C		
16/3	10 (g)	21 (b)										
30/3		30						24 C 26 C				25 (k) 27
13/4	32	C						C		22(k) 23(k) 29		
27/4	45	35(e) 36(e) C 43 (d)		C				38(l) 40(l) 41(l) 42			38(l) 39(l) 40(l) 41(l)	39 (l)
11/5		37 64	C	48 (d)				C C	C		51	52(m) 53(m)
25/5		58(b) C 66(f)				59 (f)		70(n) 71(n)				
8/6												
22/6			77(h) C		C 105 79 (h)			C	78		71A 78	
6/7										80		
20/7					83							
3/8									85			
17/8									90		90	96
31/8									92(o) 93	C		
14/9	99 (j)				C							
28/9	102	C		100					101(o)			
12/10												
26/10												
9/11	103 (j)				C				106(o)			
23/11												
7/12												
21/12												


WENTWORTH
C
C
C
C
2
2/2
10
23/2
7
18/2
8
21/2
77
25/6
79
27/6
83
29/7
105
12/11
C
HAMSTEL
C
99
24/9
103
27/10
C
C
BOURNEMOUTH PARK
C
9
20/2
11
27/2
18
28/2
31
43
7/3
8/5
13
11/3
21
58
18/3
28/5
30
10/4
37
30/4
35
36
2/5
4/5
64
24/5
59
28/5
20
11/3
16
14/3
C
48
17/5
C
DOWSETT
32
20/4
45
2/5
102
10/10


FAIRFAX
CHALKWELL
C C C C C C
80 4/7
29 22/4
23 22
31/3 31/3
25 11/4
15 12/3
27 30/3
24 1/4
26 3/4
26a 6/5
26b 17/5
26c 18/5
42 24/4
39 41 38 40
2/5 2/5 6/5 6/5
70 4/6
96 17/9
65 30/5
52 22/5
91 31/8
39 41 38 40
2/5 2/5 6/5 6/5
51 21/5
54 24/5
56 ? 57 ? 72 8/6
62 23/5 61 24/5
71a 27/6
78 4/7
82 19/7
90 27/8
27 HOSTEL
H A M L E T C O U R T
85 12/8
90 27/8
92 1/9 101 10/10 106 19/11
93 1/9

DYSENTERY

The term "dysentery" describes a condition rather than a disease with a single specific cause. Its clinical manifestations vary from the passage of a few blood-stained stools to an illness which may be prolonged and accompanied by marked fever and severe prostration. In the very young or the elderly, it may even end fatally.

The seriousness with which practitioners and patients regard the condition varies a good deal and the latter are frequently unco-operative, and even obstructive, when the disease is notified.

It is to be remarked that notifications of this condition are chiefly received from a relatively small group of practitioners, who make full use of the facilities provided by the Public Health Laboratory Service, or when an outbreak draws attention to itself.

Although the disease may be produced by a variety of agencies, shigella sonne and some of the salmonella organisms are the most common causal organisms at the present time. The salmonellae also cause food poisoning and, in not a few instances, one is puzzled to know whether an individual case should be labelled food poisoning or dysentery.

For these reasons the notification of this disease cannot be relied upon to give an accurate picture of its incidence, although it helps to inform the medical officer of broad trends.

The 57 notifications received during the year fell into three groups: 22 came from Leigh, 6 in the latter part of February, 10 at the beginning of August and 6 in the middle of September. They were mostly returned from a single practice and related to children. The last group of notifications were all children living in a small residential Close where, some years ago, we investigated a case of poliomyelitis and where we satisfied ourselves there was intimate and continuous contact between them. We were unable to establish any evidence of school spread among these Leigh cases.

A total of 17 notifications was received from No. 27 Families Hostel when an outbreak of sonne dysentery occurred there. As will be narrated, they represented only a proportion of the numbers actually involved over the first half of the year.

References to No. 27 Families Hostel are to be found in some of our previous reports, chiefly in connection with infant welfare, but it is here necessary to describe it in a little more detail.

As part of its arrangements for accommodating the families

of serving other ranks, the War Office has contractual arrangements with certain hoteliers and boarding house proprietors under which are received, at contract rates, the wives and children of eligible personnel. Most of these premises are in Westcliff and are centred on two hotels under single ownership with a number of what might be termed "satellite" boarding houses.

While the War Office defrays the cost of board and lodging, the families are, in no sense of the word, under military discipline, although they have the services of a welfare officer and his assistant to help solve their many problems and generally to act as the agents of the War Office. Medical attention is provided by the general practitioner of their choice under the ordinary National Health Service arrangements.

At any time there are likely to be some 200 or more children living under these arrangements and in the course of the year a large number of families pass through the hostel. When infection occurs, a number of general practitioners may well be involved and it is hardly surprising that information about the spread of such conditions is tardy and incomplete.

Towards the end of May we became aware of a number of cases of sonne dysentery in this hostel. Painstaking enquiries showed that since the beginning of the year there were only two weeks, at the end of February, when some resident or other was not suffering from intestinal symptoms. The second half of April provided 23 retrospective reports and, in the first fortnight of May, some 67 incidents of intestinal upset came to notice.

The management of such an outbreak has its own peculiar difficulties. Apart from the diversity of medical attention, isolation is extremely difficult. The accommodation naturally lacks many conveniences for nursing the sick. There is a communal use of bathing and lavatory facilities and the overall difficulty of controlling the movements and contacts of a large number of children.

The individual families often have good reason to minimise or conceal their symptoms. Many of them come from abroad where intestinal disturbance is regarded as an inevitable consequence of foreign service. Amid all the uncertainty of military movement, an inopportune illness may very well delay the reunion of a family with its head or interfere with a much desired posting. The standards of individual families differ enormously and a not insubstantial minority of the wives are foreign born.

In these circumstances it is only natural that this hostel has been at once a source of anxiety and an occasion for

vigilance by the department, and the practice of holding a health visitor's welfare session on the main premises at fortnightly intervals has been very helpful in discharging a wider responsibility.

Outbreaks of this kind always turn attention to communal feeding arrangements, but enquiry revealed no occasion for implicating the kitchens. As a precaution, however, arrangements were made for the families in the outlying boarding houses to be cooked for separately.

Urgent consultations took place with the military authorities who were most helpful. Patients who were more severely affected were admitted to the Military Hospital at Colchester, an arrangement which proved doubly useful when infective hepatitis made its unwelcome appearance in the middle of the outbreak. A meeting was arranged between the practitioners providing domiciliary medical services at the hostel, the military medical authorities and officers of the department. It was then agreed that, while the individual care and treatment of patients would rest with their general practitioners, a military medical officer from the Garrison would visit daily and hold what was virtually a "sick parade" referring patients, as appropriate, to their own doctors. By this means it was hoped to obtain early and precise information about the spread of symptoms. It was also agreed that mass medication with sulpha-dimidine should be offered to all the residents.

There is evidence that sonne dysentery is spread in households and closed communities by faecal contamination and that the young child inevitably infects his surroundings. For this reason intensive disinfection of all lavatories twice daily was instituted and strict instructions were given that individual families should use only the lavatory accommodation assigned to them. Attention was paid to the laundry and other facilities which were available and to the maintenance of as high a standard of environmental cleanliness as possible.

The admission of newcomers was suspended and there was a certain amount of re-allocation of accommodation so that, as the outbreak declined, the infected families were concentrated in a single building. Such movements are unpopular and the knowledge that they are likely to be made is a deterrent to the prompt reporting of symptoms.

Following this action the outbreak waned and by the beginning of July it was possible to stop all the emergency measures which had been put into operation.

It is pleasant to record the prompt and helpful co-operation

of the military authorities, both medical and welfare. Command Headquarters gave the matter urgent attention and ensured that all the measures which we agreed were necessary were carried out promptly and effectively. Much additional work fell on the shoulders of Lieutenant Lang, R.A.M.C., medical officer at the Garrison, and one is much indebted to him for his work on this occasion.

This type of accommodation can never be suitable for families, and it is to be regretted that the War Department has found no more satisfactory solution to a problem which must always concern those who administer a regular long service engagement force.

The mothers of these families have neither the opportunity nor the facilities to be complete housewives and in addition suffer from much unavoidable leisure because they have no responsibilities in the kitchen. It is most difficult for them to control their children and to discipline them as they would in the privacy of their own homes; all things considered it may be said that things have gone better than one might have expected.

It would be ungracious not to make mention of the energetic support and help we received from the proprietor of the main establishment, or the intensive work performed by the Superintendent Health Visitor, the district Health Visitor, Miss Bryant, the Chief Public Health Inspector and his district inspector, Mr. Paterson.

There are always some odd and unexpected consequences from an outbreak of this kind. One problem posed was what action should be taken about the schools (mainly Hamlet Court and Chalkwell) attended by children from the hostel. It was reasonable to request that some lavatory accommodation should be reserved solely for children living in the hostel and that special attention be paid to its cleanliness. This the head teachers readily agreed to do but when, somehow or other, the news of these arrangements got back to the hostels, there was considerable resentment on the part of many of the mothers, who felt that their children were being most unfairly stigmatised.

TUBERCULOSIS

The material for this section is provided mainly by Dr. Sita-Lumsden, Consultant Physician for Tuberculosis, and his staff at Lancaster House Chest Clinic, to whom I am indebted.

Notifications

(a) Respiratory

The total received, namely 155, was only 9 less than in the previous year. Male notifications fell by 15 to 87 and female notifications rose by 6 to 68. Since 1951, female notifications have never been less than 62 or more than 72

in any year, whereas annual male notifications fell from 109 to 66 in 1955, rose to 102 in 1956 and declined to 87 in the year under review.

Each year nearly half our notifications are in respect of persons known to be suffering from the disease when they take up residence here.

It is interesting to observe that the proportion of imported to native cases remains comparatively constant but, on the whole, more women than men move into the area. Generally speaking, the peak for native notifications is about 10 years earlier than the highest incidence of immigrant notifications, and for both sexes the graph shows the highest incidence at age 25.

(b) Non-Respiratory

Non-respiratory tuberculosis continues to be somewhat of a rarity. There were only 4 notifications, all resident males, one case occurring in each decade between 5 and 45.

Deaths from respiratory disease totalled 17, comprising 11 males and 6 females; 1 female death from non-respiratory disease occurred over the age of 75.

As will be seen from the following table, there were no male deaths under the age of 45. The mortality began at 45-55 with 2 deaths and was heaviest between 55 and 65 when 6 deaths occurred; there was one death in the succeeding decade and 2 over the age of 75. One female death occurred between 25 and 35, 2 deaths between 35 and 45, one between 55 and 65, and 2 over that age:-

Males

R. A.	aged 63,	a Southend resident notified in 1947.
F. A.	aged 56,	a Southend resident first notified in 1952.
L. B.	aged 59,	came to Southend in 1957 after notification in 1952.
A. G.	aged 50,	a Southend resident notified in 1945.
H. L. M.	aged 61,	notified in 1938. Became resident in 1944.
A. M.	aged 75,	a Southend resident notified in 1956.
J. P.	aged 76,	a Southend resident notified in 1953. Primary cause of death carcinoma of the right lung.
E. S.	aged 68,	a Southend resident notified in September and died two months later. Also suffered from bronchial carcinoma.
P. V. H.	aged 64,	a Southend resident notified in 1938 who succumbed following lung bisection.
J. W.	aged 61,	a Southend resident notified in 1956, died following pneumonectomy.
D. B.	aged 45,	notified in 1948, shortly before coming to Southend. Bilateral disease.

Females

B. L.	aged 61,	a Southend resident notified 1952 and treated at a London hospital throughout.
D. M.	aged 40,	a Southend resident notified in 1948.
E. N.	aged 86,	notified posthumously after Coroner's autopsy.
P. R.	aged 34,	notified 1940. Removed to Southend 1946.
L. B.	aged 38,	notified in 1945. Removed to Southend 1952.
H. L.	aged 77,	a Southend resident whose condition was only diagnosed in extremis.

TABLE A

NOTIFICATIONS AND DEATHS

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	3	-	3	-	-	-	-	-	1	-	1	-	-	-	-	-
15	10	3	13	-	1	-	1	-	6	9	15	-	-	1	1	-
25	3	15	18	-	1	-	1	-	7	12	19	1	1	-	1	-
35	9	9	18	-	1	-	1	-	8	8	16	2	-	-	-	-
45	4	7	11	2	1	-	1	-	6	2	8	-	-	-	-	-
55	11	6	17	6	-	-	-	-	1	1	2	-	-	-	-	-
65	4	1	5	1	-	-	-	-	2*	2	4	1	-	-	-	-
75 and over	-	2	2	2	-	-	-	-	3†	-	3	2	-	-	-	1
Total	44	43	87	11	4	-	4	-	34	34	68	6	1	1	2	1

* Includes 1 posthumous notification.
† Includes 1 ascertained from Local Registrar's Death Returns

TABLE B.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS

Classified According to Age Groups

Age Group	1951		1952		1953		1954		1955		1956		1957	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	1	-	-	-	-	-	-	-	-	-	-	-	-
1	4	2	3	2	2	5	-	-	1	3	2	2	-	-
5	4	5	2	5	2	6	7	2	3	4	8	3	3	1
15	18	33	19	23	23	18	11	25	12	17	21	14	13	15
25	27	20	21	20	17	20	21	18	12	27	19	19	18	19
35	16	10	25	9	11	11	11	13	10	9	17	14	18	16
45	16	6	15	7	14	4	11	2	9	7	16	7	11	8
55	11	-	14	3	9	3	8	5	13	4	12	-	17	2
65	13	10	7	3	9	5	7	1	6	1	7	3	7	7
	109	87	106	72	87	72	76	66	66	72	102	62	87	68
Total	196		178		159		142		138		164		155	

TABLE C.

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1950	1951	1952	1953	1954	1955	1956	1957	1950	1951	1952	1953	1954	1955	1956	1957
0	1.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	3.0	3.6	2.8	2.3	-	1.6	1.9	-	10.8	1.2	2.8	6.9	-	4.2	3.2	-
5	12.0	3.6	1.9	2.3	9.2	4.8	7.8	3.4	5.9	2.3	6.9	8.3	3.0	5.5	4.8	1.5
15	15.0	16.5	18.0	26.4	14.5	18.7	20.6	14.9	38.2	5.8	32.0	25.0	37.9	23.6	22.6	22.0
25	22.6	24.8	19.8	19.5	27.6	18.7	18.6	20.8	24.5	37.8	27.9	27.8	27.3	37.5	30.7	28.0
35	11.3	14.7	23.6	12.6	14.5	15.6	16.7	20.6	6.9	23.0	12.5	15.3	19.7	12.6	22.6	23.5
45	11.3	14.7	14.1	16.1	14.5	12.5	15.7	12.6	5.9	11.5	9.7	5.6	3.0	9.7	11.3	11.7
55	12.0	10.2	13.2	10.4	10.5	20.3	11.8	19.9	3.9	6.9	4.1	4.2	7.6	5.5	-	3.0
65	11.3	11.9	6.6	10.4	9.2	7.8	6.9	8.0	3.9	11.5	4.1	6.9	1.5	1.4	4.8	10.3

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

TABLE D.

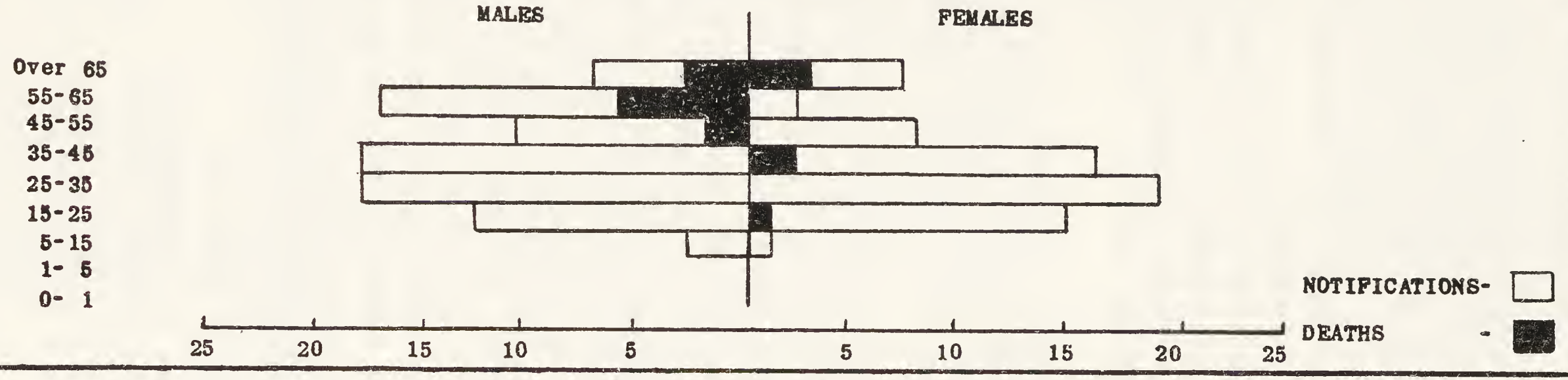
	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1957	386	337	13	15	20	46	10	3	406	383	23	18	830
1956	390	339	18	17	18	48	13	4	408	387	31	21	847
1955	387	347	12	18	17	46	11	8	404	393	23	26	846
1954	407	345	16	20	15	43	11	9	422	388	27	29	866
1953	449	371	19	30	18	39	14	10	467	410	33	40	950
1952	458	394	28	27	19	31	13	8	477	425	41	35	978
1951	435	400	29	35	20	29	11	8	455	429	40	43	967
1950	460	401	36	37	19	26	13	8	479	427	49	45	1,000
1949	469	397	44	56	32	32	42	24	501	429	86	80	1,096

Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

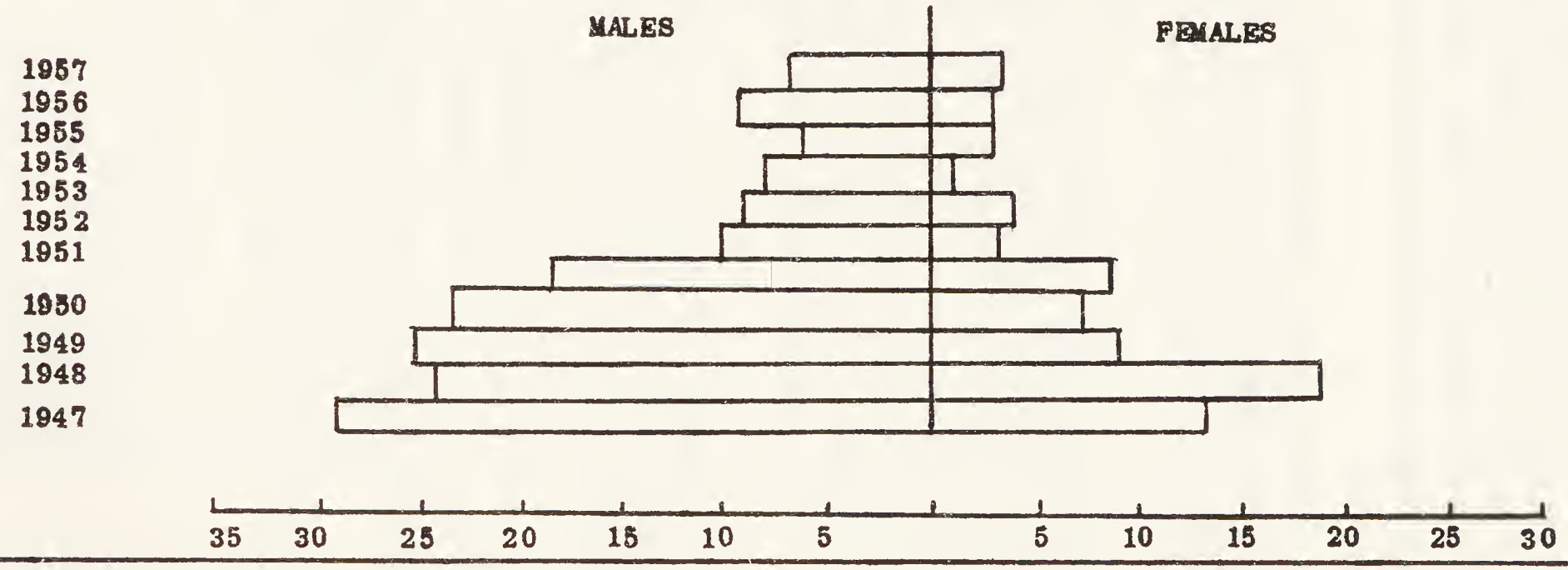
WORK OF THE CHEST CLINIC 1957

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A. 1. No. of notified cases on clinic Register 1.1.57	390	339	18	17	18	48	13	4	408	387	31	21	847
2. Transfers from clinics outside area during year.	43	34	-	1	-	1	-	-	43	35	-	1	79
3. Children transferred to adult register during year.	3	-	-	-	1	-	-	-	4	-	-	-	4
4. Cases lost sight of which returned to clinic during the year ...	-	-	-	-	-	-	-	-	-	-	-	-	-
B. No. of NEW CASES diagnosed during year :													
1. T.B. minus ...	9	11	3	1	1	1	-	-	10	12	3	1	26
2. T.B. plus ...	32	22	-	-	3	-	-	-	35	22	-	-	57
TOTALS OF A AND B ...	477	406	21	19	23	50	13	4	500	456	34	23	1013
C. No. of cases in A & B. written off clinic registers during the year:													
1. Recovered ...	41	36	3	2	3	1	1	1	44	37	4	3	88
2. Died (all causes)	20	8	-	-	-	1	1	-	20	9	1	-	30
3. Removed to other clinic areas ...	24	17	2	2	-	-	-	-	24	17	2	2	45
4. Children transferred to adult register ...	-	-	3	-	-	-	1	-	-	-	4	-	4
5. Other reasons ...	6	8	-	-	-	2	-	-	6	10	-	-	16
TOTALS OF C	91	69	5	4	3	4	2	1	94	73	7	5	179
D. No. of notified cases on clinic register 31.12.57	386	337	13	15	20	46	10	3	406	383	23	18	830
No. of above known to have had positive sputum within preceding six months	-	-	-	-	-	-	-	-	56	11	-	-	67
E. (a) No. of persons (excluding transfers) first examined during the year ...	-	-	-	-	-	-	-	-	805	707	175	152	1839
(b) No. of those in (a) who attended as CONTACTS and who were:- Diagnosed as tuberculous	-	-	-	-	-	-	-	-	2	1	1	1	5
Not tuberculous ...	-	-	-	-	-	-	-	-	130	104	84	68	386
Not determined (as at 31.12.57)	-	-	-	-	-	-	-	-	-	-	-	-	-

RESPIRATORY TUBERCULOSIS
TOTAL NOTIFICATIONS AND DEATHS BY AGE-GROUPS



ANNUAL DEATH RATES PER 100,000



The Work of the Chest Clinic

The register now contains 830 names, 17 fewer than in 1956.

It is disappointing that two-thirds of the new cases were found to be sputum positive at the time the condition was diagnosed, and the number of notified cases known to have had a positive sputum within the last six months was virtually unaltered at 67. This proportion is not markedly different from that which obtained in 1953, the first year for which similar statistics are readily available, and at first sight it may appear that our efforts to secure earlier diagnosis have been unavailing.

Before accepting this unfavourable view one has to reflect on the considerable advances which have been made in the isolation of the tubercle bacillus. The earlier methods of sputum examination to-day appear crude in comparison with the techniques now at our command.

Today a most resolute search is made for the bacillus, and resort is had to gastric lavage and laryngeal swabbing. Methods of culture have been developed which make the successful growth of the organism a commonplace instead of a minor laboratory triumph.

In the light of this knowledge it is difficult to escape the conclusion that, in the past, we have labelled as sputum negative, and therefore non-infective, many patients who would now be shown to be sputum positive if they were subjected to the methods of examination current today. It will therefore be some years before we can pronounce with any certainty upon the success, or otherwise, of the measures to secure diagnosis in the pre-infective stages.

The examination of contacts remains as necessary, though not so fruitful, as in former years, for only five cases came to light in this manner. We are now no longer satisfied to limit contact examination to the family circle. Increasingly, other contacts, fellow workers, fellow students, etc. come under review.

In this field good co-operation between the Chest Clinic and the Public Health Department is essential if results are to be obtained and in this we have every reason to congratulate ourselves upon the mutual assistance and confidence which exists.

The following table showing the comparative mortality caused by various diseases of the chest demonstrates what an important role the Chest Physician still has to play:-

1957

Comparative Mortality from Common Respiratory Causes

	Males	*Females*	*Total*
Respiratory Cancer	89	12	101
Pneumonia	34	44	78
Bronchitis	57	29	86
Other respiratory diseases	10	3	13
Respiratory Tuberculosis	11	6	17

Mass Miniature Radiography

Mass Miniature Radiography Unit 6C based on Broomfield Hospital, Chelmsford, visited Southend between 1st March and 12th April. When one recalls the kindness and enthusiasm of its staff, it seems a little churlish to reflect that March and early April are hardly the best seasons of the year for operations of this kind, when they cannot be conducted under a single roof.

On this occasion, the unit was set up in the Warrior Square car park adjoining the Education Office. The secretary succeeded in obtaining the loan, from the Town Clerk's department, of its three portable polling stations which were used for office and waiting accommodation. By all accounts, these proved most practical and useful.

The unit arranged, as usual, to visit the premises of large employers. To the car park sessions, were invited organised groups including Corporation staff, school children, Municipal College pupils and the public generally.

Of the Corporation's staff, 2,011 attended; special encouragement was given to teachers and domestic helps to attend the unit. The examination of school children was restricted to those who had been found to be Mantoux positive during the testing of the 13 year olds under the B.C.G. programme. The incidence of tuberculosis is very low among school children today, and indeed in 1957 the unit examined 7,065 children and discovered only one case of tuberculosis in the group.

The Municipal College is, however, different. Its pupils are older, come from a wide diversity of homes and include overseas students whose resistance to tuberculosis is likely to be less than that of our native-born population. Furthermore, adolescence and early adult life is a period of great stress and is the time when many natural infections are contracted.

A special effort was made to encourage general practitioners to refer patients in the following categories:-

(a) those with persistent respiratory symptoms lasting more than a few weeks.

(b) diabetics

(c) those complaining of lassitude, indigestion, loss of weight or energy or unexplained pyrexia.

(d) those with personal, family or contact history of tuberculosis.

(e) males over 50.

The unit discovered among organised groups 7 patients not

already known to be suffering from tuberculosis, all of whom have made a satisfactory response to treatment and are now back at work. One schoolboy was notified and he too is back at school.

The public sessions brought to light 7 new cases, one of whom required supervision and six, hospital treatment. Five of these latter accepted treatment and they have all been restored to working capacity.

With carcinoma of the lung the outcome has been entirely different. In all, 7 males were discovered to be suffering from this condition, all of whom have since died.

VENEREAL DISEASES

The information in this section is again made available through the kindness of Dr.H.D.Crosswell, director of the treatment centre at Westcliff Hospital.

At a time when an increased incidence of venereal infections in the country as a whole is causing some concern, it is gratifying to be able to report that the total of patients under treatment declined by 26 to 165.

Only 14 patients required treatment for syphilis. Of these, 5 represented the secondary stage of the infection, 7 late or latent stages, and 2 congenital infections. Of the latter, 1 was a child under the age of one, and the other a school child. The incidence of gonorrhoea remained practically unchanged.

VENEREAL DISEASES

YEAR ENDING 31. 12. 57.

Number of Patients	Syphilis		Gonorrhoea		Conditions other than venereal		Total	
	M	F	M	F	M	F	M	F
Under treatment on 1 1.57	20	23	12	7	44	15	76	45
Returned after cessation of attendance in previous years	2	1	-	1	3	-	5	2
Dealt with for first time, suffering from:								
(a) Syphilis primary	-	-	-	-	-	-	-	-
(b) „ secondary	3	2	-	-	-	-	3	2
(c) „ latent in 1st year of infection	-	-	-	-	-	-	-	-
(d) Syphilis, cardiovascular	-	-	-	-	-	-	-	-
(e) „ of nervous system	-	-	-	-	-	-	-	-
(f) „ all other late or latent stages	5	2	-	-	-	-	5	2
(g) Syphilis, congenital (under 15 years)	2	-	-	-	-	-	2	-
(h) Syphilis, congenital	-	-	-	-	-	-	-	-
(i) Gonorrhoea	-	-	22	14	-	-	22	14
(j) Chancroid	-	-	-	-	-	-	-	-
(k) Lymphogranuloma venereum	-	-	-	-	-	-	-	-
(l) Granuloma inguinale	-	-	-	-	-	-	-	-
(m) Non-gonococcal urethritis	-	-	-	-	64	-	64	-
(n) Any other conditions requiring treatment	-	-	-	-	41	28	41	28
(o) Conditions not requiring treatment	-	-	-	-	105	71	105	71
(p) Conditions remaining undiagnosed at 31st December	-	-	-	-	-	-	-	-
Dealt with for first time, transferred from other centres	4	-	-	1	-	-	4	1
Total under treatment during 1957	36	28	34	23	257	114	327	165
Discharged after completion of treatment and tests for cure	1	*	8	1	169	88	178	89
Ceased to attend before completion of treatment and/ or observation	1	4	6	5	6	2	13	11
Transferred to other Centres	1	1	-	1	6	4	7	6
Number under treatment on 31st December, 1957.	33	23	20	16	76	20	129	59

Clinic attendances were:-

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis	319	652	22	42
Gonorrhoea	172	192	-	1
Other patients	934	604	1	27
	1425	1448	23	70

The following are the civilian totals for previous years:-

New Patients Suffering from	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Syphilis	29	33	52	50	50	58	46	33	18	16	18	11	4	14	14
Gonorrhoea	73	60	112	110	71	58	67	37	44	42	80	42	35	38	36
Soft Chancre	-	-	-	-	-	-	-	-	1	-	1	2	-	-	-
Total Attendances	5185	4387	4431	5840	4714	3667	5907	5952	5461	4750	4135	2959	3070	2909	2966

CANCER

There were 466 deaths from malignant disease, the primary sites being as follows:-

	Males	Females
Skin	2	1
Lips, cheek, mouth, tongue, etc.	5	4
Larynx, Bronchus, Lung, Mediastinum	95	15
Oesophagus	8	4
Stomach	30	24
Caecum, Colon	17	27
Rectum	12	11
Gall Bladder, Bile Ducts, Liver	2	7
Pancreas	8	9
Kidney, Suprarenal	4	1
Bladder, Urethra	10	8
Prostate	26	-
Testes	1	-
Vulva	-	3
Ovary	-	13
Uterus	-	26
Breast	-	43
Brain	3	6
Bone	2	1
Lymph glands	1	3
Thyroid	-	2
Heart	-	1
Miscellaneous or not ascertained	14	17
	240	226

There were 10 deaths from malignant disease in persons under the age of 35 years, the primary sites being as follows:-

M. 16	-	Teratoma Testis
M. 30	-	Leukaemia
M. 8	-	Lymphatic Leukaemia
M. 5	-	Acute Leukaemia
M. 29	-	Mediastinal Tumour
F. 4	-	Acute Leukaemia
F. 13	-	Cerebral Tumour
F. 34	-	Carcinoma Breast
F. 8	-	Acute Leukaemia
F. 30	-	Abdominal Carcinoma

The year was memorable by reason of the publication of the statement by the Medical Research Council (reproduced below by kind permission of the Controller H.M. Stationery Office), and the Minister's request that local health authorities should ensure that "everyone should know the risks involved in smoking".

TOBACCO SMOKING AND CANCER OF THE LUNG

The Increase in Lung Cancer

In their Annual Report for 1948-50 the Council drew attention to the very great increase that had taken place in the death rate from lung cancer over the previous twenty-five years. Since that time, the death rate has continued to rise, and in 1955 it reached a level more than double that recorded only ten years earlier (388 deaths per million of the population in 1955 compared with 188 in 1945). Among males the disease is now responsible for approximately 1 in 18 of all deaths. Although the death rate for females is still comparatively low, it also has shown a considerable increase in recent years and the disease is now responsible for 1 in 103 of all female deaths.

Three comments may be made on these figures. In the first place, the trend over the last few years indicates that the incidence has not yet reached its peak. Secondly, the figures are not to be explained as a mere reflection of the introduction and increasing use of improved methods of diagnosis but must be accepted as representing, in the main, a real rise in the incidence of the disease, to an extent which has occurred with no other form of cancer. Thirdly, only a small part of the rise can be attributed to the larger numbers of older persons now living in the population; in the last ten years the lung cancer death rates among both men and women have risen at all ages from early middle-life onwards.

Possible Causes of the Increase

The extent and rapidity of the increase in lung cancer point clearly to some potent environmental influence which has become prevalent in the past half-century and to which different countries, and presumably also men as compared with women, have been unequally exposed. The pattern of incidence of the disease rules out any possibility that the increase can be due, in a substantial degree, to special conditions, such as occupational hazards, affecting only limited groups. It is necessary to seek some factor or factors distributed generally throughout the population, and in considering the possibilities it must be borne in mind that a very long period, 20 years or more, may elapse between exposure to a carcinogenic agent and the production of a tumour. From the nature of the disease attention has focussed on two main environmental factors: (1) the smoking of tobacco, and (2) atmospheric pollution - whether from homes, factories, or the internal combustion engine.

Smoking as a Cause of Lung Cancer

(a) Epidemiological Surveys

The evidence that heavy and prolonged smoking of tobacco, particularly in the form of cigarettes, is associated with an increased risk of lung cancer is not based on the observation that the substantial increase in the national mortality followed an increase in the national consumption of cigarettes. It is derived from two types of special inquiry. In the first, patients with lung cancer have been interviewed and their previous histories in relation to smoking and other factors that might be relevant have been compared with those similarly obtained from patients without lung cancer. The results of nineteen such inquiries (in this country, the U.S.A., Finland, Germany, Holland, Norway and Switzerland) have been published. They agree in showing more smokers and fewer non-smokers among the patients with lung cancer, and a steadily rising mortality as the amount of smoking increases. In the second type of inquiry, information has been obtained about the smoking habits of each member of a defined group in the population and the causes of the deaths occurring subsequently in the group have been ascertained. There have been two such investigations, one in the U.S.A. covering 190,000 men aged 50-69, and the other in this country covering over 40,000 men and women whose names appeared on the Medical Register of 1951. In both, the results have been essentially the same. The investigation in this country, which has now been in progress for more than five years, has shown with regard to lung cancer in men:-

(1) a higher mortality in smokers than in non-smokers;
(2) a higher mortality in heavy smokers than in light smokers;
(3) a higher mortality in cigarette smokers than in pipe smokers;
(4) a higher mortality in those who continued to smoke than in those who gave it up.

It follows that the highest mortalities were found among men who were continuing to smoke cigarettes, heavy smokers in this group having a death rate nearly 40 times the rate among non-smokers. Although no precise calculation can be made of the proportion of life-long heavy cigarette smokers who will die of lung cancer, the evidence suggests that, at current death rates, it is likely to be of the order of 1 in 8, whereas the corresponding figure for non-smokers would be of the order of 1 in 300. The observation on the effect of giving up smoking is particularly important, since it indicates that men who cease to smoke, even in their early forties, may reduce their likelihood of developing the disease by at least one half.

It should be noted that the excess of deaths from lung cancer among smokers was not compensated for by any corresponding reduction in the number of deaths from cancer of other sites in the body; in other words, there was a total incidence of cancer in the smoking groups in excess of the incidence that would have prevailed in the absence of smoking.

It will be apparent from what has been said that the evidence from the many inquiries in the last eight years, both in this country and abroad, has been uniformly in one direction and is now very considerable. It has been further strengthened recently by the observation from several sources that the extent of the relationship with smoking differs from different types of lung tumour which can be distinguished only by microscopic examination.

(b) Laboratory Evidence

From the physical and chemical point of view there is nothing inherently improbable in a connection between smoking and lung cancer. Tobacco smoke consists largely of microscopic oily droplets held in suspension in

air, and these droplets are of a suitable size to be taken into the lungs and retained there. Over a hundred constituents have so far been identified and, among these, five substances have already been found which are known to be capable, in certain circumstances, of causing cancer in animals. Some workers have succeeded in producing tumours in animals by painting concentrated extracts of tobacco tar on the skin. Known carcinogens are present in tobacco smoke in very small amounts however, and there is no certainty that such low concentrations could be harmful to human beings. Nevertheless, the finding of carcinogenic agents in tobacco smoke is an important step forward, in that it provides a rational basis for the hypothesis of causation.

Atmospheric Pollution as a Cause of Lung Cancer

It has been known for some years that mortality from lung cancer is greater in urban areas than in the countryside. This fact, together with the identification of carcinogenic substances in coal smoke and in motor vehicle exhausts, has led to the supposition that exposure to atmospheric pullution may be concerned with the increase in lung cancer. The role of atmospheric pollution is particularly difficult to investigate however, and the evidence is neither so consistent nor so extensive as that relating to tobacco smoking. On the one hand, no excess mortality from lung cancer has been observed in persons who would be especially exposed by the nature of their work to atmospheric pollution, for example transport workers, garage hands and policemen.. On the other hand, the results of a number of investigations have suggested that a relationship does exist between atmospheric pollution and lung cancer. Perhaps the best evidence for this relationship comes from studies of the small number of deaths from the disease among non-smokers in different types of residential district; in these studies higher death rates have been observed among non-smokers in large towns than among those in rural areas. On balance it seems likely that atmospheric pollution plays some part in causing the disease, but a relatively minor one in comparison with cigarette smoking.

Assessment of the Evidence Relating to Smoking and Lung Cancer

Knowledge of the causation of lung cancer is still incomplete. Many factors other than tobacco smoking are undoubtedly capable of producing the disease; for example, at least five industrial causes have been recognised. Nevertheless, the evidence for an association between lung cancer and tobacco smoking has been steadily mounting throughout the past 8 years and it is significant that, during the whole of this period, the most critical examination has failed to invalidate the main conclusions drawn from it. It has indeed been suggested that the fundamental cause may be some common factor underlying both the tendency to tobacco smoking and to the development of lung cancer some 25 to 50 years later, but no evidence has been produced in support of this hypothesis.

In scientific work, as in the practical affairs of everyday life, conclusions have often to be founded on the most reasonable and probable explanation of the observed facts and, so far, no adequate explanation for the large increase in the incidence of lung cancer has been advanced save that cigarette smoking is indeed the principal factor in the causation of the disease. The epidemiological evidence is now extensive and very detailed, and it follows a classical pattern upon which many advances in preventive medicine have been made in the past. It is clearly impossible to add to the evidence by means of an experiment in man. The Council are, however, supporting a substantial amount of laboratory research which may throw more light on the mechanism by which tobacco smoke and other suspected causative factors exert their effect, and which may thus eventually add to the degree of proof already attained as a result of studies of human populations. It must be emphasised, however, that negative results from work with animals cannot invalidate conclusions drawn from observations on man.

Conclusions

1. A very great increase has occurred during the past 25 years in the death rate from lung cancer in Great Britain and other countries.

2. A relatively small number of the total cases can be attributed to specific industrial hazards.

3. A proportion of cases, the exact extent of which cannot yet be defined, may be due to atmospheric pollution.

4. Evidence from many investigations in different countries indicates that a major part of the increase is associated with tobacco smoking, particularly in the form of cigarettes. In the opinion of the Council, the most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect.

5. The identification of several carcinogenic substances in tobacco smoke provides a rational basis for such a causal relationship.

Your medical officer commented as follows:-

"All the evidence points to the increase in lung cancer as being *real* and not the result of improved methods of diagnosis. It is clear that lung cancer affects smokers more than non-smokers, heavy smokers more than light smokers, cigarette smokers more than pipe smokers, and those who continue to smoke more than those who give it up. No claim is made that smoking is the sole cause of lung cancer, in fact there is evidence that this is not so, but the conclusion that smoking plays an important part in determining whether or not an individual will develop lung cancer cannot be avoided.

It has to be noted that it is the *act of smoking* and not merely the fact of being exposed to tobacco-contaminated atmosphere which appears to determine the development of this cancer. In fact it is considered that one of the critical factors is the temperature at which the smoker burns his tobacco.

For this reason there is at present no valid evidence which would justify the banning *for public health reasons*, of smoking in places of amusement or in public transport vehicles. I would therefore recommend the Health Committee not to seek to regulate conduct which cannot be shown to be injurious to others. In my submission any such steps would run the risk of alienating public sympathy and jeopardise the acceptance of health measures of proven value.

The Ministry's Circular calls for the education of the public so that each may know the risks which smoking involves and make up his own mind about his own conduct.

The education of the public is inevitably a slow process and one which must be continued and reiterated for a very long time; teaching will need to be adjusted as further facts become known and the greatest caution will have to be exercised to avoid drawing conclusions which the available evidence cannot wholly justify. The most fruitful efforts may be expected to come from persuading the young not to acquire the habit, and the schools are the obvious places in which to initiate propaganda. It is therefore suggested that the Health Committee should seek to confer with the Education Committee about this aspect.

All publicity is costly and your present estimates would not allow of very much being undertaken during the current financial year, particularly as some publicity will require to be given to the introduction of immunisation against whooping cough.

Recommendations

(a) the committee's efforts should be directed solely to education at this juncture,

(b) early discussions with the Education Committee are desirable,

(c) the Council should be made aware that expenditure on education of this kind will be a recurring item."

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952 AND 1954
ALIENS ORDER, 1953

The following Table of Customs movements of aircraft and passengers is reproduced by courtesy of the Airport Commandant.

	Aircraft Movements		*Passengers*	
	In	*Out*	*In*	*Out*
January	219	222	2243	2314
February	214	207	1761	1632
March	243	246	2060	2225
April	452	465	4745	5388
May	596	599	5158	6488
June	952	947	6986	8324
July	1244	1252	9741	13715
August	1449	1458	16046	16252
September	892	902	9315	7353
October	326	334	3738	3424
November	176	177	1526	1399
December	221	222	2817	2098
	6984	7031	66136	70612
	14,015		136,748	

It will be seen that the steady growth in the volume of traffic handled at the airport continued. The corresponding totals for last year were 10,487 aircraft movements and 73,822 passengers.

Despite the increased number of persons passing through the airport there were very few calls for medical assistance.

The number of aliens entering the country via Southend Airport and intending to stay for periods longer than six months also shows a steady increase, and this year the total was 471. The majority of these are young adults from various parts of Western Europe visiting the United Kingdom primarily for cultural reasons, some of them taking up temporary employment under Ministry of Labour permits.

The airport is also being used increasingly for freight traffic from Europe, much of it foodstuffs, which require to be examined on arrival by the Public Health Inspectors.

LOCAL GOVERNMENT SUPERANNUATION ACTS 1937 - 1953 SICK PAY REGULATIONS

The following table shows the number of medical examinations carried out for the various Departments of the Corporation.

Education	401
Candidates for Teachers' Training Colleges	46
Transport	55
Public Health	47
Borough Engineer's	96
Children's	17
Borough Treasurer's	29
Cleansing	38
Pier and Foreshore	25
Parks	26
Town Clerk's	20
Libraries	11
Airport	15
Police	4
Cemeteries	-
Architect's	12
Housing	7
Fire Brigade	7
Entertainments	5
Justices' Clerk's	5
Fuel Overseer's	2
Weights and Measures	2
Civil Defence	-
Other Local Authorities	6
	876

In addition 202 Sick Pay cases were dealt with by enquiry and report without medical examination.

SANITARY CIRCUMSTANCES OF THE AREA

ATMOSPHERIC POLLUTION

During the early part of the year the lower Thameside Oil Refineries operated without serious offence and one began to hope that satisfactory solutions had been found to the problem of preventing smell nuisance. Unhappily, for nearly a fortnight in June, conditions were as bad as they had ever been, and the Department was assailed both by justifiable complaints, and quite unjustifiable accusations of lethargy and apathy.

Later in the year the Master Builders were to complain that the smell nuisance was detrimental to their business. Commenting on this an editorial in the local press remarked:-

"Like others who have protested, they have received the reply that the Council will continue their efforts to 'secure abatement'.

If this means that Corporation officials will continue to complain to the oil companies and the Ministry, then they are not likely to achieve much diminution in The Smell. They have been doing that for years now, with very little apparent result.

What increases public indignation is the fact that the public have never been taken into the confidence of either the oil companies or the local authorities or Ministry dealing with this never-ending stream of complaints. They do not know for certain what particular part of the refining process causes it, although they have a shrewd suspicion that it is not unconnected with the huge chimneys with their smoky flares. They have not even been granted the courtesy of being told what the oil companies have been doing to eliminate the nuisance."

This editorial comment was completely justifiable except in one regard, namely the alleged failure of the local authorities to take the public into its confidence.

The Corporation was treated with a disturbing lack of candour by both the Ministry and the oil companies. It was never in any position to be candid with its public, for members and officers alike were never adequately informed concerning the situation.

Resentment was further increased when a local resident complained to the Ministry about The Smell, and received from the department concerned an explanation which went into more detail than any which had been hitherto vouchsafed to the Council. The Ministry's correspondent was not slow to assume that the information he had obtained from the central department would have been equally available to the Corporation if proper steps had been taken to elicit the facts.

This incident caused the Town Clerk to protest most vigorously to the Ministry.

Toward the end of the year Mr. Bernard Braine, M.P., asked the Minister of Housing and Local Government what representations had been made to his department by the Essex local authorities and other organisations about atmospheric pollution by Thameside oil refineries, to what precise cause his inspectors attributed this pollution, and what steps were being taken to eliminate the nuisance.

The written reply was as follows:-

"In addition to reports which are submitted from time to time to my District Alkali Inspector by the local authorities concerned, two recent complaints have been made by the Essex Borough and District Councils' Association about smells from the refineries.

One incident appears to have been due to a mishap, and the other to the repair of a storage tank."

Our experience during the year as a whole was that matters were improving, and bore out assurances which had been given that eventually, and save for accident or plant failure, these operations would cease to offend.

SANITARY INSPECTION OF THE BOROUGH.

Mr. R. A. Drake, B.E.M., F.R.S.H., Chief Public Health Inspector, reports as follows:-

I submit herewith a report on the Public Health Inspectors' section of the Department, for the year 1957.

It is essential to keep our varied routine work up to date. The maintenance of present standards, achieved gradually over many years, and their improvement, requires constant vigilance and endeavour. Any shortcomings are quickly reflected in the total effort of the Department; for these reasons chronic staff shortages are inimical to efficiency.

The maintenance of an adequate staff has proved difficult since the years immediately prior to the War. In 1955, the Council extended its existing scheme for the employment of junior student inspectors by the appointment of adult student inspectors; at the end of the year there were seven fully qualified inspectors, four adult and two junior student inspectors who can be expected to sit their qualifying examinations during the next two years.

Since 1945, ten students have been trained in the Department, and eight now hold appointments with other local authorities. When the six pupils now undergoing training have qualified and served for two years as is required of them, they are also likely to obtain appointments elsewhere. Working in an urban or rural area is less exacting than in a large seaside resort; when other authorities offer higher salary grades, housing accommodation and/or car allowances, it is understandable that we lose our young inspectors.

The Eastern District Provincial Council in its report and recommendations on the recruitment and training of sanitary inspectors in 1956, advised that the educational facilities at its Municipal College made Southend-on-Sea a suitable training centre for inspectors. It is a matter for regret that although the Education Authority was prepared to provide theoretical training at the Municipal College, there were insufficient pupils in the south-east area of the County to justify establishing the courses.

To make the best use of available trained staff the amount of time spent in clerical work and interviews has been reduced as far as possible by providing adequate clerical assistance.

A. COMPLAINTS.

The following table shows the complaints received during the year:-

General housing defects	2,021
Defective drainage systems... ...	423
Blocked drainage systems	406
Deposit of refuse on vacant land and back passages	362
Absence of, or defective, dustbins...	297
Overcrowded and unsatisfactory housing conditions	224
Insect pests	110
Dirty condition of houses or rooms...	61
Animals improperly kept	59
Sanitary conveniences	45
Food and food premises	32
Factories and workshops	29
Caravans	17
Fly nuisances	15
Water supply	7
Miscellaneous	682
	4,790

In addition, 502 complaints in connection with rats and mice were received.

B. ABATEMENT OF NUISANCES.

Number of nuisances abated -	
After service of informal notices	717
After service of statutory notices	70
Without notice	2,433

Proceedings were instituted against eight owners for failing to comply with statutory notices; all were successful. One owner was fined £5 with three guineas costs; costs of £1.1s.0d were awarded four times, and 7/6d once, and in the remaining cases no applications for penalties or costs were made.

On seven occasions, blocked and defective drainage systems were dealt with under private Act powers which enable the Corporation, on 48 hours' notice to the owner, to undertake the work and to recover the expenses incurred. This enables these matters to be dealt with much more quickly than under the Public Health Act.

C. HOUSING

(a) Unfit Houses Dealt with under the Housing Act, 1957.

		Number of	
		Houses	*Persons Displaced*
(i)	Demolished as a result of formal or informal procedure	12	17
(ii)	Closed in pursuance of an undertaking given by owners and still in force	15	36

The survey of 9,000 houses, which was carried out in 1954/5, continues to prove valuable. Many houses were found to have defects, some of which were of a serious nature; others were of a kind which, although not at present causing nuisance or discomfort to the

tenants, would eventually cause the property to deteriorate. The majority of these houses were let at low rents, and we have found that owners of this type of property, when confronted with formal notices requiring them to carry out major repairs, are dismayed at the heavy cost entailed and are disposed to adopt the attitude that they are powerless to do anything. It was therefore decided to make informal approaches to the owners, sending them a schedule of the defects requiring to be dealt with in all their houses, and advising that if they felt unable to carry out the repairs within a reasonable time they should discuss their problems with us. Many of them did so and arrangements were made for the urgent repairs to be done immediately and the remainder to be carried out over an agreed period. This approach was welcomed by owners, and resulted in many houses being put into a satisfactory condition without recourse to formal action or undue hardship to owners. It also had the effect of reducing considerably applications for certificates of disrepair.

These discussions with owners gave us the opportunity to stress the advantages of the improvement grant scheme, and in a number of cases, bathrooms, internal W.Cs, hot water supplies, etc., were provided. It is melancholy to record that there were not a few tenants with adult families who appeared to be well able to afford the relatively small increases in rent which would have been payable when major improvements of this kind were carried out, who refused the offer of the landlords to do so.

(b) Rent Act, 1957.

The Act, which came into operation on July 6th, put a heavy burden on the Department. It allowed the rents of certain properties to be raised within statutory limits. The increase could be resisted if the tenant showed that the premises were not in an acceptable condition of repair. To establish this, he had to obtain from the local authority a certificate of disrepair, which effectively barred an increase in rent while it was in force. The landlord could secure its cancellation by remedying the defects which it listed. A tenant who felt aggrieved by refusal of his application, or a landlord who objected to any of the items in a certificate, could each appeal to the County Court. It is an indication of the thorough and reasonable way in which this work was carried out, that no appeals were lodged.

It is important to note that the tenant was required to take the initiative and to state the defects which would justify the issue of a certificate. Many of the elderly who harbour a chronic distrust of forms and putting things "in writing" agreed to the increases without ensuring that the landlord remedied defects, but others who sought to protect their interests required a great deal of help and advice from your officers.

The following table shows the number of certificates etc. dealt with during the year.

Part I - Applications for Certificates of Disrepair		
(1) Number of applications for certificates	83	
Number withdrawn	3	
		80
(2) Number of certificates refused	2	
(3) Number of certificates issued -		
(a) in respect of some, but not all defects alleged	68	
(b) in respect of all defects	10	
(4) Number of landlords' undertakings accepted (First Schedule, para 5)	35	
(5) Number of undertakings refused by Local Authority (First Schedule, para 5)	-	
(6) Number of Certificates issued	32	
Number of certificates not issued (defects remedied after "notice of intention")	5	
Number in which "notice of intention" had not expired on 31.12.57.	6	
Part II - Applications for Cancellation of Certificates		
(7) Applications for cancellation of certificates	5	
(8) Objections by tenants to cancellation of certificates	-	
(9) Certificates cancelled by Local Authority	5	

D. DIRTY AND VERMINOUS HOMES.

The number of "complaints" under this heading was 61 as compared with 95 last year. They mostly concerned the old and often only came to notice when they no longer occupied the premises. The Department treated 239 rooms infested with vermin.

The bigger incomes of today are reflected in the general standards of house furnishing and maintenance which is very much higher than in pre-war years.

E. CAMPING SITES

Two sites used for seasonal camping were re-licensed during the year. They were well maintained, the conditions of the licences being strictly observed.

Six hundred and twenty-one visits of inspection were made.

F. RODENT CONTROL

Summary of work done

	Rats	*Mice*	*Total*
Properties inspected on notification	263	239	502
Surveyed under Act	361	239	600
Infestations found	185	230	415
Treatment carried out			
(a) by local authority	184	230	414
(b) by occupier under supervision of Rodent Officer	1	-	1
Total number of inspections			2,280

The treatment of sewers is undertaken by the Borough Engineer's Department, 775 manholes being pre-baited and 264 poison baits laid.

G. RAG, FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

Fourteen premises are registered. Nine samples of filling materials were submitted for tests in accordance with the Rag, Flock and Other Filling Materials Regulations, 1951; all were reported to be satisfactory. Fifty-three visits of inspection were made.

H. PET ANIMALS ACT, 1951.

Fifteen applications for licences were received and granted, 197 inspections being made.

I. PHARMACY AND POISONS ACT, 1933.

A total of 362 inspections of the 234 premises registered by the Council was made.

J. PLACES OF ENTERTAINMENT

A total of 245 inspections of the sanitary accommodation in cinemas and theatres was made.

K. PARTICULARS OF

(a) Notifiable Diseases

Enquiries concerning notifiable diseases required 740 visits, in addition to which 173 visits were made to contacts.

(b) Other Visits or Inspections.

Marine store dealers	71
Piggeries	562
Registration of hotels, boarding and appartment houses (for Publicity Committee)	1,249

L. KNACKER'S YARD.

There is only one licensed Knacker's Yard in the Borough; no animals were slaughtered there during the year.

M. FACTORIES ACTS, 1937 AND 1948.

Inspections.

	No. on Register	Number of Inspections	Number of Notices served
(a) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by the local authority	71	176	1
(b) Factories not included in (a) to which section 7 applies	523	1,426	27
(c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	-	-	-
	594	1,602	28

Defects Found.

Particulars	Number of cases in which defects were Found	Remedied
Sanitary conveniences		
(a) Insufficient	4	4
(b) Unsuitable or defective	23	15
(c) Not separate for sexes	-	-
	27	19

Outworkers.

Lists received from employers and other authorities -

Nature of Work	Work-people
Wearing apparel	381
Gloves	34
Toys and fancy goods	14
Leather goods	12
Household linen	11
Carding of buttons	5
Artificial flowers	4
Art needlework	3
Lamp shades	1
Brushes	1
	466

N. PUBLIC MORTUARY.

During the year, 115 bodies were received in the public mortuary but no post-mortem examinations were carried out, autopsies being performed at the Southend General Hospital.

O. DISEASES OF ANIMALS ACTS.

The Chief Public Health Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture, Fisheries and Food. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

P. FERTILISERS AND FEEDING STUFFS ACT, 1926.

The following samples have been taken and submitted for analysis:-

	Satisfactory	*Unsatisfactory*	*Action Taken*
Bone Meal	2	-	
Growmore Fertiliser	1	-	
Sulphate of Ammonia	2	-	
Rose Fertiliser	1	-	
Basic Slag	-	1	Referred to local authority in whose area it was produced.
Grass Feeder	1	-	
Nitrate of Soda	1	-	
Grower's Pellets	1	-	
Hoof and Horn	1	-	

Q. METEOROLOGY.

The following information is supplied by the Meteorological Officer:-

Total sunshine for the year	1581.2 hours
Sunniest days	14.3 hours on 12th and 13th June.
Sunniest month	June.
Days with sunshine	299
Total rainfall for year	18.04 inches
Wettest day of year	0.71 inches on 12th December
Mean temperature	52^{o}
Maximum temperature	88^{o} on 30th June.
Prevailing wind	South-west.

INSPECTION AND SUPERVISION OF FOOD

In a popular seaside resort the provision of food, with or without accommodation, becomes a major industry during the summer season, which makes heavy demands on an inspectorial staff if a satisfactory standard of hygiene is to be maintained. At the height of the season supervision is even more necessary, because a shortage of labour is followed by the employment of many who have only a vague, if any, knowledge of food hygiene. No statistics can adequately show how much time and effort is devoted to this work, especially at weekends when the influx of visitors is greatest, and many additional part-time food handlers are employed.

A. FOOD HYGIENE REGULATIONS, 1955.

The survey of all the food businesses in the Borough begun last year was completed with the exception of seasonal "bed and breakfast" establishments. As previously, when the initial visit is made the occupiers are informed of the contraventions which exist and advice given as to what requires to be done, a procedure which has produced a ready response.

B. FOOD PREMISES.

A total of 11,949 inspections has been made during the year of premises where food is prepared, stored or sold.

The number and type of food premises in the Borough at the end of the year is as follows:-

Butchers	176
Canteens	33
Fishmongers	101
Flour confectioners	107
Food factories	11
Fruiterers and greengrocers	197
Grocery and provisions	567
Hospitals and institutions	97
Hotels and boarding houses	563
Licensed premises	94
Restaurants and cafés	927
School kitchens	62
Stalls, vans etc.	46
Sugar confectioners	402
Miscellaneous	400
	3,783

C. FOOD PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT 1955 OR UNDER LOCAL ACTS.

Manufacture of ice-cream	11
Sale of ice-cream	590
Ham boiling	126
Manufacture of sausages	93
Fish curing	28
Fish frying	46
Cooking meats, chickens etc.	17
Bacon curing	4
Manufacture of meat pies	7
Sale of shellfish	32
	954

D. MILK.

(i) Registration and Licensing

Milk and Dairies Regulations 1949-1954.

No. of persons registered as distributors	174
No. of premises registered as dairies	3

Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations 1949-1953.

No. of dealers' (Pasteuriser's) licences	3
No. of dealers' (Pasteuriser's - Tuberculin Tested Milk) licences	3

No.of dealers' licences to use the special designation "Pasteurised"	79
No of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	22
No.of supplementary licences to use the special designation "Pasteurised"	2
No.of dealers' licences to use the special designation "Sterilised"	153
No.of supplementary licences to use the special designation "Sterilised"	3

Milk (Special Designation)(Raw Milk) Regulations 1949-1954.

No.of dealers' licences to use the special designation "Tuberculin Tested"	29
No.of supplementary licences to use the special designation "Tuberculin Tested"	1

(ii) Bacteriological Examinations.

During the year, 616 samples of milk were submitted for prescribed examinations:-

	No.of samples	*Passed*	*Failed*
Pasteurised	211	211	-
Sterilised	75	75	-
Tuberculin Tested			
(a) Pasteurised	131	131	-
(b) Farm Bottled	199	186	13
	616	603	13

All the thirteen samples reported as having failed the test were produced and bottled on farms outside the Borough. A copy of the laboratory reports was sent to the area milk officer in each case.

(iii) Biological Examinations.

Ten samples of tuberculin tested milk were submitted to biological examination. All were reported negative for tubercle bacilli.

E. ICE CREAM.

Heat treatment is employed by all manufacturers, and the requisite indicating and recording thermometers are provided. All the premises and equipment are of modern design and satisfactorily maintained.

Five manufacturing firms supply considerable quantities of ice-cream to retailers outside the Borough.

Seven firms are registered in respect of 29 mobile vans for the sale of ice-cream in the Borough - a requirement of the Corporation's Act, of 1947; all are provided with sinks with

hot and cold water supplies etc. In addition, there are a number of vans which operate in areas outside the Borough and retail "soft" ice-cream. The factories in which it is manufactured are kept under close supervision and endeavour is made to sample every mix. The samples are submitted to the Public Health Laboratory for testing. The supervision of the retailing of ice-cream by employees rests with the authority of the area in which the vans operate.

Five hundred and twenty-nine samples were submitted to the Public Health Laboratory for examination by the methylene blue reduction test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

Grade 1	*Grade 2*	*Grade 3*	*Grade 4*
377	110	22	20

Samples placed in categories 3 and 4 are considered to be unsatisfactory. Investigation of the possible causes of contamination was carried out on the premises from which unsatisfactory samples were obtained, and advice given.

F. MEAT.

(i) Slaughterhouses

Your public health inspectors continue to be responsible for the majority of the inspections carried out at the Rayleigh slaughterhouse. This entails much unpaid overtime, but it makes for the most effective inspection of meat sold in the borough.

During the year 1957, 9,613 animals were slaughtered and examined as detailed below:-

	Cattle excluding Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number killed	359	80	589	2314	6271
Number inspected	359	80	589	2314	6271
All diseases except Tuberculosis and Cysticerci:					
Whole carcases condemned	-	1	-	4	5
Carcases of which some part or organ was condemned	88	6	2	15	172
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	24.51	8.75	0.34	0.82	2.82
Tuberculosis only:					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	4	17	-	-	99

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Percentage of the number inspected affected with Tuberculosis	1.11	21.25	-	-	1.61
Cysticercosis:					
Carcases of which some part or organ was condemned	4	-	-	-	-
Carcases submitted to treatment by refrigeration	4	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

(ii) Slaughter of Animals Act.

Seven applications for licences to slaughter animals in slaughterhouses were received, all of which were granted.

G. SHELLFISH.

During the year, 496 samples of cockles and 7 of mussels were submitted to the Public Health Laboratory for bacteriological examination. All samples were reported fit for consumption.

H. UNSOUND FOOD.

In addition to the carcases etc. condemned at the slaughterhouse, the following foods were voluntarily surrendered as being unfit for human consumption:-

Canned goods	8464 tins
Fresh food	
Meat	2057 lb.
Fish	409 stone
Miscellaneous	547¾ lb.

All condemned food is disposed of in the Corporation's controlled tips.

I. REGISTRATION OF HAWKERS AND THEIR PREMISES.

Registration required under the Council's private Act of 1947 ensures the adequate supervision of food on sale by hawkers, and of the premises used by them for the storage of their wares, and enables the Council to ensure that food is retailed only from suitable vehicles provided with the requisite facilities for hand washing.

Eleven new applications for registration were received from hawkers, making the total number registered 57.

J. SAMPLING OF FOOD AND DRUGS.

(i) Samples of Food Analysed.

Nature of Sample	*Number*
Milk	197
Channel Islands Milk	13
Dried, preserved and tinned fruits, vegetables, etc.	50
Cakes, puddings and ingredients	43
Ice-cream	22
Soups, spices, pickles, herbs, etc.	21
Non-alcoholic drinks	16
Butter, margarine, lard and fat	14
Sausages, tinned and cooked meats and pies	14
Tinned fish	10
Vinegar	10
Jams, jellies, preserves etc.	9
Cereals and pulses	9
Tea, coffee, cocoa, etc.	9
Alcoholic drinks	8
Sweets	7
Cheeses and cheese spreads	6
Suet	4
Bread and Butter	4
Cream	3
Tinned milk	2
	471

(ii) Unsatisfactory Samples.

Of the samples analysed, eight were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:-

No.	*Sample*	*Formal or Informal*	*Nature of Adulteration or Irregularity*	*Observations*
1847	Raspberry Jam	Formal	Contained only 64% Sol. Solids and therefore deficient to the extent of 1% or 4½% according to whether the sample was packed in a hermetically sealed container or otherwise.	Cautioned
1848	Cottage Cheese	Formal	Declaration on label incorrect in stating that the cheese was made from fat free milk instead of skimmed milk containing 1% fat.	Cautioned
1833	Dehydrated potato.	Informal	Contained specks of cabbage leaf.	No action
1834	do. wetted	Informal	do.	do.
1929	Coffee	Informal	Consisted wholly of Dry Coffee Extract.	Whole of consignment withdrawn from sale. Wording on label has been amended on new consignment.

No.	Sample	Formal or Informal	Nature of Adulteration or Irregularity	Observations
1948	Vinegar	Formal	Consisted wholly of Non Brewed Condiment.	Cautioned.
2170	Blackcurrant Cordial	Formal	Contained only 1.7mg. per ounce of Vitamin C Label stated "Rich source of Vitamin"and did not state the amount of such Vitamin.	Cautioned.
2208	Cut Peel	Formal	Contained only 52% of Sugar, whereas Cut Peel should contain 60% of sugar.	No action.

Canned Peas.

The principal school medical officer of a large authority circulated details of an outbreak of food poisoning occasioned by the presence of a coagulase positive staphylococcus in canned peas which had been used by the School Meals Service in his area.

As our own Education Department had purchased peas from the same source, arrangements were made for the tins to be sampled and examined bacteriologically before being used in the school kitchens. The reports were satisfactory for all save one tin, which showed a slight growth of staphylococcus pyogenes; this was destroyed. This incident emphasises the importance of prompt exchange of information concerning suspect foodstuffs, and the benefit which the presence of a Public Health laboratory in our own area confers upon your health department.

Evaporated Milk.

Toward the end of December we sampled 6 tins of evaporated milk purchased from a local retailer. The tins attracted the attention of the inspector because they were obviously old stock and were being retailed at a reduced price.

When the Public Health Laboratory reported the presence of staphylococcus pyogenes in one sample, we immediately informed the medical officer of the local authority where the responsible wholesaler had premises. As a result of our action the remaining stocks of milk were held up pending further examination.

At the instance of the Ministry of Agriculture, Fisheries and Food, 69 additional tins were examined; with the exception of 3 all were reported sterile; in the non-sterile samples staphylococcus aureus was not isolated.

The Health Committee expressed concern when the full facts relating to this incident were elicited. The stock was originally sold by the Ministry to a wholesaler upon the condition that it was used either for export or manufacture. The wholesaler in turn sold some of it to another wholesaler who in turn disposed of it to retailers. There is reason to believe that the conditions imposed by the Ministry were not enforceable.

REGINALD A. DRAKE

CHIEF PUBLIC HEALTH INSPECTOR.

LOCAL GOVERNMENT EXHIBITION

The Local Government Exhibition, held in the Pier Pavilion from May 1st to May 8th, which attracted over 20,000 visitors, was by general agreement an outstanding success.

The favourable comment on the Public Health exhibits was all the more gratifying because their design and execution was left entirely to the staff, who revealed qualities of imagination and artistry combined with craftmanship which, to the writer's regret, had never been fully appreciated by him.

The department's exhibits were shown on eight 10 ft. stands. The first was centred round a model of a town showing the range of health services available to an individual family and the way in which these were integrated. Flanking this model, for the construction of which, special credit goes to Mr. Tolley, there were graphs depicting the costs of the various services, the history of infant mortality, and the conquest of diphtheria, and for "decor," there were covers from the annual reports of the Medical Officer of Health.

The maternity and child welfare section came next, placing special emphasis on the health teaching and mothercraft instruction carried out by the health visitors. As part of this, the adolescent girl is warned about the abuse of hire purchase facilities, and is shown how grievous a burden repayments can be to a young married couple who are tempted to try to do too much too quickly. This eminently practical piece of teaching called forth a sharp protest from one of our nationalised industries engaged at this exhibition in advancing its hire purchase sales. An exhibit demonstrating the range and value of welfare foods completed the stand.

Our school nurses and clinics, the school dental service, and the occupation centre, shared the next stand, each section with appropriate demonstrations and propaganda.

Home nursing, midwifery, and the domestic help service were difficult subjects to illustrate, but material obtained from the Queen's Institute of District Nursing, examples of the analgesic equipment provided for your district midwives, and the smart overall issued to the domestic help service, were all combined to make an attractive exhibit.

The Part III accommodation stand exhibited plans of Pantile House, walking and other aids which help the old to overcome their disabilities, and samples of the handwork which some of our residents carry out in the occupational therapy centre.

Blind welfare and the ambulance service shared another stand. The work of the blind never ceases to interest and amaze those of us who are sighted, and the standard of the work in this exhibit

was very high, as one would naturally expect from an area which has been so consistently successful at the Essex County Association Handicrafts Show.

Two stands designed and staffed by the Chief Public Health Inspector's section completed our contribution, and were by no means its least dramatic elements. The Chief Public Health Inspector had secured on loan a truly comprehensive, not to say gruesome, sample of specimens dealing with meat inspection, and these displayed in an arresting fashion, certainly caused something of a sensation. As part of our health education, a practical demonstration of what was involved in a "clean" food shop occupied the other stand.

Your Medical Officer had some doubts about the usefulness or the practical ability of attempting to illustrate the work of this department. The enthusiasm, imagination and ability of his staff overcame his misgivings and combined to achieve an effect beyond anything he had hoped for.

NATIONAL HEALTH SERVICE ACT, 1946, PART II

GENERAL MEDICAL AND DENTAL SERVICES.

PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The Services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ending March 31st, 1957 are included by kind permission of the Chairman, Dr. H.F. Hiscocks, to whom, as ever, I am much indebted:-

"The membership of the Council has remained unchanged with two exceptions. Owing to his advanced age, last year Alderman S.F. Johnson, J.P. decided that he must resign. We were very sorry to lose him, but we must count ourselves fortunate that we had the services during the early period of the Council's life-time of one who has been so closely associated with the Health Services of the County Borough over so many years. Our thanks are due to him for all his advice and help. To take his place we welcome Councillor Mrs. G. Poole. We also welcome Dr. H.J. Palmer, the recently appointed Secretary of the Local Medical Committee who takes the place of Dr. B.S. Quinn. In an address delivered quite recently in this town Sir Hugh Linstead, M.P. stated that he believed that most chairmen of bodies working within our Health Services would confess that some of the least troublesome of their troubles are those that arise from lack of money. With that, speaking for myself, I would agree. He then went on to say that in his view the most troublesome are those that stem directly from the clash of personalities. However true that may be in a general sense, I certainly can not say that it has been my experience as Chairman of the Executive Council. The helpful co-operation and harmony shown by all members and by the administrative staff has been a feature of the work for which I am indeed grateful.

Last October the then Minister of Health Mr. R. Turton, introduced measures for the consolidation of various amending regulations and clauses, which had been issued from time to time since the inception of the National Health Service. The Minister referred to this matter in his address to representatives of Executive Councils at their Annual Conference in the Autumn and stated that when he took office he decided that this work was a piece of tidying up which he felt was long overdue. This consolidation applies to Service Committees and Tribunals, the Supplementary Ophthalmic Services, the General Medical and Pharmaceutical Services, and Executive Councils' Regulations. Examples of changes that have been introduced are the charges subsequently imposed

for Ophthalmic and Pharmaceutical Services, also the setting up of Dental Conciliation Committees and Ophthalmic Investigation Committees. The latter is a new piece of machinery introduced during the past year and like the consolidation measure itself dates from October 1st. It is a special Committee for the investigation of possible complaints in the Ophthalmic Service, and the arrangement should not be so unwieldy as bringing such complaints before a session of the full Supplementary Ophthalmic Services Committee.

The number of patients registered with medical practitioners continues to rise and at 158,289, shows an increase over last year's figure of 3,481. The latest official figure for the population of the Borough which is also still increasing, is 154,720 showing the extent to which our area is still affected by Inflation. This is a problem by no means peculiar to ourselves, and one for which a remedy is still to be found. New acceptances numbered 13,286 and temporary residents 5,719. Both these figures show a small decrease. The number of medical practitioners in contract with the Council as principals is 82, with four assistants. This is eight more than last year's figure showing a steep rise on the previous twelve months. Largely as a result of this the four districts into which the Councils area is divided are now all classified as "Intermediate", whereas a year ago Southend and Shoeburyness were "Designated".

Here I should like to mention two additional burdens that were placed upon our office staff during the year. The first, an innovation which appears to have come to stay, is the stamping of all prescription forms with the doctor's name. The second was the not inconsiderable extra clerical work involved at the beginning of 1957 in calculating the additional fees due to chemists. It reflects great credit on all concerned that it has been found possible to carry all this through without extra staff."

STATISTICAL DATA

	Year Ended 31.3.56	Year Ended 31.3.57	Year Ended 31.3.56 £	Year Ended 31.3.57 £
GENERAL MEDICAL SERVICE				
Number of principal practitioners included in the List.	74	82		
Number of assistant practitioners employed by principals.	4	4		
Number of persons included in Doctors' Lists.	154,808	158,289		
Number of persons registered as temporary residents.	5,809	5,719		
Total gross payments made to practitioners for General Medical Service.			169,537	182,361
Total gross payments made to practitioners for mileage.			275	Cr. 114
Total gross payments made to practitioners for Drugs.			205	202
Total payments made to practitioners opting out of the Superannuation Scheme.			1,688	1,707
Supplementary annual Payments to a practitioner.			220	289
MATERNITY MEDICAL SERVICE				
Numbers of practitioners included in the separate List.	49	53		
Number of Assistant practitioners included in the separate List.	1	-		
Total gross payments made to practitioners for Maternity Medical Services.			8,217	7,904
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners	-	-		
Total amount paid to employing principals			-	-
SUPERANNUATION EMPLOYER'S CONTRIBUTIONS			8,045	8,699
DENTAL SERVICE				
Number of dentists included in the List	37	37		
Number of Assistant Dentists included in the List.	7	6		
Total gross payments made to Dentists in the year.			147,876	158,667
Total gross payments made to Dentists opting out of the Superannuation Scheme			464	474
Superannuation Employers' contributions.			6,041	6,481
Total amount of Statutory charges to patients			40,703	42,914

	Year ended 31.3.56	Year ended 31.3.57	Year ended 31.3.56 £	Year ended 31.3.57 £
SUPPLEMENTARY OPHTHALMIC SERVICES				
Number of Opticians included in the List	26	26		
Number of Ophthalmic Medical Practitioners in the List	8	8		
Number of dispensing opticians included in the List	5	5		
Number of sight-tests authorised up to 31st March, 1957. 219,776				
Number of cases dealt with up to the 31st March, 1957 where				
one pair of glasses supplied 110,447				
two pairs of glasses supplied 38,447				
three pairs of glasses supplied 40				
bifocals supplied 27,208				
one lens supplied 2,752				
(a) Total amount paid to the profession			43,873	46,424
(b) Total amount of refunds of deposits to patients			194	232
(c) Total amount of Statutory Charges to patients			25,754	26,412
PHARMACEUTICAL SERVICE				
Number of Pharmacists included in the List	55	58		
Number of Pharmacists' establishments included in the List	64	64		
Number of Drug Stores included in the List	2	2		
Number of Appliance Suppliers included in the List:				
Distributors	26	26		
Manufacturers	6	6		
Amount paid to Pharmacists for dispensing			172,081	209,722
Amount paid to Pharmacists for Rota Duties			1,365	1,219
Amount of Statutory Charges to Patients			29,277	32,903
ADMINISTRATION				
Number of permanent staff employed	14	14		
Number of temporary staff employed	-	-		
Number of part-time staff employed	-	-		
ACCOUNTS				
Total gross salaries and overtime			6,869	7,419
Insurance contributions, employer's share			193	192
Rent, rates, lighting and cleaning			339	421
Postage and telephones			660	913
Stationery and printing			307	436
		Carried forward	8,368	9,381

	Year ended 31.3.56 £	Year ended 31.3.57 £	Year ended 31.3.56 £	Year ended 31.3.57 £
Brought forward	8,368	9,380		
ADMINISTRATION ACCOUNTS (Continued)				
Office Decorations and Repairs, etc.	27	-		
Office Equipment	74	36		
Travelling Expenses and subsistence	34	12		
Drug Testing	120	91		
Subscription to Association of Executive Councils	20	20		
Incidentals	22	-		
Employers' Superannuation Contributions	487	517		
Advertising	-	1		
	£9,152	£10,057		
SUMMARY OF EXPENSES				
General Medical Services	179,970	193,144 (inc. Drugs)		
Maternity Medical Services	8,217	7,904		
Trainee Assistants Practitioners	-	-		
Dental Service	154,381	165,622		
Statutory Charges to Patients			40,703	42,914
Supplementary Ophthalmic Service	44,067	46,655		
Statutory Charges to Patients			25,754	26,412
Pharmaceutical Services	173,658	210,941		
Statutory Charges to Patients			29,277	32,903
Administration	9,152	10,057		
Superannuation Refunds	12	12		
Legal Expenses Tribunal Hearing	184	-		
Miscellaneous Expenses	-	2		
Grand Total	£569,641	£634,337	£95,734	£102,229

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

Registration of Premises (Sect.1 (1) (a)).

Registrations in force January 1st, 1957	4
Registrations in force December 31st, 1957 ...	3
Applications not proceeded with	-
Total number of children "permitted"	72
No.who ceased attendance at registered premises	45
No.who commenced attendance at registered premises	105
Children under supervision during year	150
Total visits of inspection	18

Registration of Persons (Sect.1 (1) (b)).

Registrations in force January, 1st, 1957	25
Registrations made during year	14
Registrations cancelled by consent	12
Registrations in force December 31st, 1957 ...	27
Applications not proceeded with	8
Applications not granted	-
No.of children "permitted"	194
No.of children "placed" with minders	239
No.of children "withdrawn" from minders ...	158
Total children under Supervision during year ...	397
Total visits of inspection	158

CHILDREN IN NEED

Joint Circular of July 31st 1950.

Ministry of Health Circular 27/54 "Prevention of Break-up of Families".

The experience gained in the working of this Conference may yet make some contribution to the development of national policy, now being considered by the Ingleby Committee. My colleague, Miss Doris Ridd, B.Sc., Children's Officer, is an officer member of the A.M.C. Children Committee which will formulate the views which this influential body will put forward.

Your medical officer was appointed chairman of an "ad hoc" sub-committee set up by the Society of Medical Officers of Health to prepare evidence for submission to this same Ingleby Committee.

During the year, 107 families were considered by the Conference, 228 agenda items being dealt with.

CREMATORIUM

During the year, 1,397 cremations were carried out at the Southend-on-Sea Crematorium, to which the medical officer of health and his deputy act as medical referees.

NATIONAL ASSISTANCE ACT, 1948

With the exception of Section 50 (Disposal of the Dead) the Council's duties under the National Assistance Act, 1948, are carried out by the Health Committee.

Mr. E. A. Beasant, Principal Lay Officer reports:-

"Welfare continues to benefit from its co-ordination with the other activities of the Health Department, for it is only by the utilisation of all our services to the full that we have been able to meet, with the resources at our disposal, the demands made upon us.

PART III ACCOMMODATION

Residential accommodation is provided at Connaught House, Crowstone House and Pantile House, to which the first residents were admitted on October 21st., and a wide variety of voluntary homes.

At the end of the year there were 521 Part III residents, 38 more than the year before, and nearly double the total accommodated at the end of 1948.

The Guillebaud Committee of Enquiry into the cost of the National Health Service reporting last year remarked concerning the care of the aged:-

> 'We agree with the view that it is inadequacy of the services and not the form of administrative organisation, which is the root cause of the problems relating to the care of the aged. Clearly a great deal more of the country's resources would have to be devoted to the local authority and hospital service to make them fully "adequate" in this respect.
>
> We suggest that the following pattern emerges for the future development of a domiciliary, hospital and local authority service for the aged. The first aim should be to make adequate provision wherever possible for the treatment and care of old people in their own homes.
>
> This is a matter of providing the right type of housing and adequate domiciliary services (e.g. health visitors, home nurses, domestic helps, etc.) working in close association with the general practitioner, the hospital geriatric service and the voluntary organisations. The hospital authorities should aim to provide sufficient geriatric units where old people referred for treatment might be sorted into two main categories, first those who will need prolonged hospital treatment and attention, and secondly those who can be rehabilitated and returned either to their own homes or to residential accommodation provided by local welfare authorities.
>
> The role of the welfare authority is to provide residential accommodation (including nursing care in certain circumstances) for those who are unable to live in their own homes, but are not in need of hospital treatment. Our evidence suggests that there is a marked shortage of this accommodation and that until recently the shortages may have been due in part to the restrictions imposed by the health departments on capital developments generally. When the capital position becomes easier, however, there is reason to believe that further progress may be hindered by the unwillingness of some local authorities to increase still further their rate burden. It is for this reason that we make our recommendation above in favour of the introduction of an Exchequer Grant towards the cost of financing this type of residential accommodation.
>
> In conclusion we repeat the warning that it would be unrealistic to suppose that the deficiencies in the service for the treatment and care of the aged could be made good overnight. The responsible authorities can only aim to make good the deficiencies on the lines

> we have suggested, as and when an increased proportion of the country's resources can be made available to the health and welfare services.
>
> We add the proviso that the authorities concerned should make sure that the needs of the aged are given their due priority in the allocation of the annual resources and are not overlooked amid the pressure of other competing needs.'

In the light of this authoritative statement, the Health Committee can give a good account of its stewardship. Its expenditure on residential homes per thousand population is nearly 25% above the national average for county boroughs, of which there are very few which provide a proportionately large number of beds.

A very substantial proportion of the resources of its very adequate home nursing and domestic help services is devoted to the needs of the aged and yet, in spite of all its efforts, the welfare situation continues to cause anxiety.

When the National Health Service Act came into operation, the administrative division between hospital and welfare beds left the Corporation with a larger weight of responsibility than that which devolved on the majority of local authorities. The local hospitals found themselves with a serious deficiency of hospital geriatric beds, a shortage which, by official standards, and on the basis of the 1951 census returns, is not less than 120 beds.

In the years since 1948 nothing radical has been accomplished, although it would be ungrateful not to acknowledge the efforts which the Hospital Management Committee has made during this time.

As has been stated elsewhere, an alteration to the catchment area of the Runwell Hospital has left it to cope with a population it was never designed to serve, including as it does, not only the new town of Basildon but other areas where development is outstanding. The geriatric beds proper, though largely unaffected by the growth of Basildon, are nevertheless exposed to the demands made by the growing population of the Rochford Hundred.

It cannot be stated too often that, because of the circumstances already referred to, this area faces a special problem in the care of the aged, and one which demands a special solution.

CROWSTONE HOUSE

Crowstone House continues its successful career, but as age increasingly takes its toll of physical efficiency, it is necessary to provide more personal attention to the residents than was originally envisaged.

During the year a total of 8 residents was admitted, 4 on transfer from Connaught House and 4 from their own homes. A total

of 9 was discharged as follows:-

To Pantile House	2
To Connaught House, Rochford	1
To private addresses	2
To General Hospital, Rochford	2
Died in Crowstone House	2

so that on the 31st December, 54 were in residence their ages being as under:-

Under 70	*70-79*	*80/89*	*90 and over*
7	19	21	7

CONNAUGHT HOUSE

Unfortunately it was once more impossible to remedy the chronic overcrowding at Connaught House because we could not ignore the urgent demands and needs of the old. This overcrowding bears heavily on the staff. It delays and frustrates the Committee's desire to improve the standard of amenity and the facilities available to the residents, who not only suffer the physical effects of overcrowding but the more subtle and disastrous consequences of the inadequate selection of their fellows. It is impossible in present circumstances to admit all those who need accommodation and at the same time prevent some being a nuisance and a trial to their fellows.

It is not uncommon for those relatives who most often visit Connaught House to praise the patience and kindliness displayed by the staff, not infrequently in circumstances when their patience must be very sorely tried.

Age of Residents.

	Males	*Females*	*Total*
Under 60	10	16	26
60-69	20	28	48
70-79	41	66	107
80-89	28	94	122
90 and over	6	20	26
	105	224	329

Of a total of 329 residents, 148 or 44.9% were over the age of 80.

Essex County Council Residents

Resident on 1.1.57		*Admitted during year*		*Discharged during year*		*Died during year*		*Remaining on 31.12.57*	
M	F	M	F	M	F	M	F	M	F
2	3	-	-	1	2	-	-	1	1

(The 3 residents discharged were admitted to the General Hospital, Rochford and did not return)

VOLUNTARY HOMES

The number of residents in voluntary homes at the end of the

year was 91. Our relations with the managements of them are good and we are much indebted to the Treasurer who advises about proper charges and negotiates terms. These voluntary homes form an indispensable adjunct to the Council's own provision, as they afford pleasant and acceptable surroundings for their residents. Unfortunately, however, it is generally the more agile and competent for whom they are provided and in this, as in many other matters, the Council remains truly the 'residual' authority.

PANTILE HOUSE

The opening of Pantile House by Mr. R. H. M. Thompson, M. P., Parliamentary Secretary to the Ministry of Health, on December 4th was the highlight of the year. Mr. Thompson was accompanied by both local Members, the late Sir Henry Channon and Mr. McAdden, and his visit not only gave the opportunity of demonstrating what the Health Committee had done for its old, but also of explaining at first hand the difficulties with which it is confronted and of soliciting a sympathetic understanding of its problems.

Pantile House is built on a site reserved for public buildings in the Temple Sutton Housing estate. The appropriation of land in this area for this purpose was agreed by the Council in 1954 when the planning of the hostel was then begun. Toward the end of that year a visit was made by the Ministry's officers, and in the following Spring it was suggested that the Council should revise its proposals and re-site the hostel immediately to the north of Pantile Avenue. The merits of this suggestion were appreciated by the Committee and the consent of the Council to an alteration in the position of the land to be appropriated was agreed.

Projects of this kind cannot be embarked upon at will, because there is an overall control of capital expenditure by the Central Department. In these circumstances the Council could consider itself fortunate that by the beginning of 1956 it was in a position to consider tenders in the very reasonable expectation that loan sanction would be forthcoming, and indeed such an assurance was received by the end of February, 1956.

We were able to obtain possession of the Matron's flat in August 1957 and the building became available for occupation a month later.

The following particulars taken from the brochure available at the official opening set out most of the relevant details concerning the building:-

> 'The completion of Pantile House is significant not only for what it provides and an adventurous design, but also because it is the end of the first stage in the Council's plan to better the accommodation of the elderly by building five houses of similar size.

It was intended that each succeeding year should see the completion of another house. Unfortunately for reasons well known it will be much longer before they can be provided. Until then the Council's problems will remain acute in spite of our now having in Part III Accommodation a higher proportion of our residents than almost any other County Borough.

Pantile House was built in the middle of a new community in the hope that it would take the old people to itself and make their well being one of its concerns. In some, age bears more heavily on capacities than faculties, and it was for such that Pantile House was designed to afford the desirable level of amenity and comfort which they could enjoy. As far as is possible its arrangements mirror those which obtain in our own homes.

Visitors will see how successfully the Architect has exploited the southern aspect of the site, and how much the building is at home with, and part of, the surrounding housing estate. They will no doubt be intrigued by its modern decor and furnishings.

Pantile House is intended for both men and women, and the Council hope to accommodate there not only permanent residents but to accept from time to time as temporary guests some of those whose care at home is difficult at holiday times and when domestic crises arise.

The house is designed to accommodate 60 residents.

The four and six-bedded rooms are grouped together in such a way as to give ready access to bathrooms and W.C's which are artificially lighted and ventilated. The shape of the rooms and the bed arrangement has been planned to give as much view to the window wall as possible, while good cross-ventilation and east-west sunlight entry are achieved by stopping the dividing walls at wardrobe height, which will not only facilitate control and management but is more economical in capital outlay than the orthodox plan.

The main lounge and the dining room on the ground floor are readily converted by means of the sliding glazed doors into one large space for special occasions. Similarly, the Quiet Room and the Visitors' Room on the first floor can be thrown into one.

The ramp on the ground floor (preferred to steps on the floor above) takes up the difference in floor levels necessary to give higher ceilings in the Lounge and Dining Rooms. To allow the free passage of wheeled chairs certain doors are specially wide and visitors will observe there are ramps at all entrances.

"Easy" stairs with quarter space landings and wall handrails in all the corridors are intended to make movement about the building as "self-help" as possible. The lift is large enough to take a bed but can, of course, be used as a standing or wheel chair passenger lift.

An electrical call system connects each bed with Duty Rooms by means of buzzer and lights. Heating is by low pressure hotwater through warm air heaters - some by convection and some by radiators.

The contract for the work, secured in open competition by Prestige & Company Limited of London, S.W.1., was begun in March 1956.

Cost

Land	£3,425
Building, paths and fences	£63,208
Layout of Grounds	£1,565
Furnishing and equipment ...	£12,000

The opening of a new hostel involves very much more than the minutiae of furnishing, equipment, or the engagement of staff. Like every other community a hostel has its own attitudes and habits of mind. The first Matron and the first residents together determine the atmosphere of a new home and once this is created change is both slow and difficult. In any circumstances, therefore, the

selection of the first residents calls for nice judgment, but when as at present there is an urgent need to reduce overcrowding and to accept applicants according to need, the choice is very difficult to make.

One's main object was to accept from Connaught House those residents who showed the slightest promise of being suitable for the new home, and it was with undoubted misgivings that one cast the net as wide as one did. A beginning was made by the admission of 21 residents on October 21st and by the end of the year this number had risen to 40. Lest some disappointment be expressed at these totals, let it be said that not only is it necessary carefully to select the first residents, but their numbers must be increased only as fast as the community can assimilate newcomers. Furthermore, the management of residential accommodation is made more difficult, as it is made less efficient, if those in charge have no beds to utilise for trial placements, for the reception of urgent cases or the temporary admission of residents to relieve hard pressed families.

It was interesting to observe the first impact made on residents of Pantile House by their new ultra-modern accommodation. Some of them rejoiced in its spaciousness and comfort, but unfortunately there were others who found themselves overwhelmed by their new surroundings and seriously disturbed because the familiar atmosphere and landmarks of Connaught House were no longer there to reassure them. As time went on it became clear that some whom we had transferred were unable to support even that small additional effort which a change in environment demands, so, very regrettably, we had to return them to Connaught House.

There are some lessons to be learned from this experience; first of all one is confirmed in one's view about the importance of careful selection and the gradual filling of a home, but it has also been demonstrated that it is desirable that a new hostel should not present too great a change from what is familiar to its new residents.

In planning a building which must have a useful life of at least 60 years, one must seek to be imaginative and progressive, or else one's successors will inherit a building which is out of date before its time. Planning cannot be modified when a building is completed nor is remodelling ever wholly satisfactory. It is therefore to the decor and the furnishings we must primarily look to soften the rigour of transition from one type of accommodation to another and so there is something to be said for a somewhat conservative approach to these matters, which is just another example of the virtue of making haste slowly.

Pantile House

Admitted during year	Males	18
	Females	27
Discharged during year	Females	3
Died during year	Male	1
	Female	1
Remaining on 31.12.27	Males	17
	Females	23

During the year a total of 45 residents was admitted, 37 on transfer from Connaught House, and 8 from their own homes.

A total of 5 was discharged, as follows:-

To Connaught House, Rochford ...	2
To private address	1
To General Hospital, Rochford (died)	1
Died in Pantile House	1

so that on the 31st December, 17 men and 23 women were in residence, their ages being as under:-

	Males	Females	Total
Under 70 ...	1	2	3
70-79 ...	6	8	14
80-89 ...	10	11	21
90 and over ...	-	2	2
	17	23	40

Accommodation provided pursuant to Part III of the National Assistance Act, 1948

Accommodated in	Persons resident on:									
	5-7.48	1-1-50	1-1-51	1-1-52	1-1-53	1-1-54	1-1-55	1-1-56	31-12-56	31.12.57
Connaught House (Borough cases only)	213	227	230	243	288	282	293	314	330	327
Crowstone House	-	-	-	-	-	47	54	56	55	54
Pantile House	-	-	-	-	-	-	-	-	-	40
Other Local Authorities Homes	25	31	30	33	20	15	17	15	15	15
Voluntary Homes under Section 26	2	37	38	41	43	53	63	71	75	84
Homes for Epileptics	3	3	4	4	4	4	4	4	4	4
Homes & Hostels for the Blind	13	14	13	6	2	1	2	1	2	2
Mental After-Care Homes	5	5	5	1	1	1	1	2	1	1
Totals	261	317	320	328	358	403	434	463	482	527

Persons maintained by Local Authority in Part III Accommodation during 1957.

Accommodation provided in	*Resident on 1.1.57*		*Admitted during year*		*Discharged during year*		*Died during year*		*Remaining on 31.12.57*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
HOMES OF LOCAL AUTHORITY: Connaught House, Rochford	99	231	53	138	44	116	4	30	104	223
Crowstone House, Westcliff	-	55	-	8	-	5	-	4	-	54
Pantile House, Southend-on-Sea	-	-	18	27	-	3	1	1	17	23
HOMES OF OTHER LOCAL AUTHORITIES:										
Essex County Council	-	3	-	-	-	-	-	-	-	3
Kesteven County Council	3	-	-	-	-	-	-	-	3	-
London County Council	1	1	1	1	-	1	-	-	2	1
Middlesex County Council	2	-	-	-	1	-	1	-	-	-
Norfolk County Council	-	4	-	-	-	-	-	-	-	4
Surrey County Council	-	1	-	-	-	-	-	-	-	1
Worcestershire County Council	-	-	-	1	-	-	-	-	-	1
HOME FOR EPILEPTICS	1	3	1	-	1	-	-	-	1	3
HOMES AND HOSTELS FOR THE BLIND	-	2	-	-	-	-	-	-	-	2

Continued

Accommodation provided in:	Resident on 1.1.57		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.57	
	M	F	M	F	M	F	M	F	M	F
MENTAL AFTER-CARE HOMES	-	1	-	-	-	-	-	-	-	1
VOLUNTARY HOMES UNDER SECTION 26:										
Sandringham, Westcliff	5	13	-	3	3	2	-	-	2	14
Dowsettholme, Southend	1	9	1	2	-	2	-	-	2	9
St. Martin's, Westcliff	-	18	-	4	-	2	-	3	-	17
Rest Haven, Leigh	-	1	-	3	-	1	-	-	-	3
Millfield, Prittlewell	-	3	-	-	-	1	-	-	-	2
St. Edith's, Leigh	-	2	-	4	-	1	-	-	-	5
Assumption Convent, Near Petersfield	-	1	-	-	-	-	-	-	-	1
Loughton Lodge, Loughton	-	1	-	-	-	1	-	-	-	-
Cripplecraft, Herne Bay	-	1	-	-	-	-	-	-	-	1
Glebe House, Lexden, Colchester	-	1	-	-	-	-	-	-	-	1
Eastwood Lodge, Eastwood	-	-	-	1	-	-	-	-	-	1
Gardeners' Benevolent Country Home, Horton	1	1	-	-	-	-	-	1	1	-
Home and Hospital for Jewish Incurables, London N. 15	-	1	-	-	-	-	-	-	-	1
Home for Aged Jews, London, S.W. 12	3	3	-	1	-	-	1	-	2	4
Methodist Homes for the Aged, Tankerton	-	1	-	-	-	1	-	-	-	-
Pentecostal Eventide Home, Bakewell	-	1	-	-	-	-	-	1	-	-
Royal Hospital and Home for Incurables, London, S.W. 15	-	2	-	-	-	-	-	-	-	2
Blenheim House, Oldham	-	1	-	-	-	-	-	-	-	1
Ripon Lodge, London S.E. 5	1	-	-	-	-	-	-	-	1	-
Villa Adastra, Hassocks	-	1	-	-	-	-	-	-	-	1
W.V.S Old People's Club, Winchester	-	1	-	-	-	-	-	-	-	1
Nazareth House, Southend	2	-	1	3	-	-	1	-	2	3
St. Katharine's Convent, Parmoor	-	1	-	-	-	-	-	-	-	1
Ashley House, Bognor	-	-	1	-	-	-	-	-	1	-
Fairmead, Theydon Bois	-	-	-	1	-	-	-	-	-	1
Winsford House, Clacton-on-Sea	-	-	-	1	-	-	-	-	-	1
Nazareth House, Isleworth	-	-	1	-	-	-	-	-	1	-

ontinued

Accommodation provided in :	Resident on 1.1.57		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.57	
	M	F	M	F	M	F	M	F	M	F
VOLUNTARY HOMES UNDER SECTION 26:										
Netherfield House, Ware, Herts	-	-	1	-	-	-	-	-	1	-
Wittington, Marlow, Bucks	-	-	-	1	-	-	-	-	-	1
Dolly Ross Holiday Home, Cliftonville	-	-	1	-	1	-	-	-	-	-

TEMPORARY ACCOMMODATION

During the year, 39, cases were investigated, and in 16 of these temporary accommodation was provided at Connaught House as under:-

	No. of cases	Length of stay
Individual males	2	1 for 1 night 1 for 2 nights
Individual females	11	8 for 1 night 1 for 2 nights 1 for 14 days 1 for 16 days
Mother and 2 children	2	2 for 2 nights
Parents and 5 children	1	1 night "

NATIONAL ASSISTANCE ACT, 1948 - SECTIONS 29 and 30

BLIND WELFARE

Voluntary

The blind voluntary organisation continues to fulfil a most important role in the promotion of blind welfare and it is pleasant to pay a tribute to all who help in its work.

The acquisition of premises as a permanent home for the social club and the establishment of a small residential hostel for the blind are still among its foremost aims.

Wireless

The British Wireless for the Blind Fund supplied 10 new wireless sets during the year.

Registration

	Males	Females	Total
Register of the Blind			
Number on Register 1.1.57	151	253	404
Left Borough during year	4	5	9
Died during year	23	23	46
Transfers in from other areas	4	15	19

	Males	Females	Total
Register of the Blind			
Newly registered during the year	11	44	55
De-certified during the year	2	3	5
On Register 31.12.57	137	281	418
In Homes for the Blind	-	2	2
In other Homes including Part III	5	30	35
In M.D. Institutions	2	2	4
Register of Partially Sighted			
Number on Register 31.12.57	36	67	103

Age Periods of Registered Blind Persons

	0	*1*	*2*	*3*	*4*	*5-10*	*11-15*	*16-20*	*21-29*	*30-39*	*40-49*	*50-59*	*60-64*	*65-69*	*70-79*	*80-84*	*85-89*	*90 and over*	*Un-known*	*Total*
Males	-	-	-	-	-	1	1	1	1	12	7	14	11	17	40	15	12	4	1	137
Females	-	-	-	-	-	6	2	-	2	5	9	19	12	31	93	52	36	15	-	281
Total	-	-	-	-	-	6	3	1	3	17	16	33	23	48	133	67	48	19	1	418

Age at Onset of Blindness

	0	*1*	*2*	*3*	*4*	*5-10*	*11-15*	*16-20*	*21-29*	*30-39*	*40-49*	*50-59*	*60-64*	*65-69*	*70-79*	*80-84*	*85-89*	*90 and over*	*Un-known*	*Total*
Males	12	-	-	-	1	1	1	4	14	5	14	16	12	17	25	10	2	2	1	137
Females	19	-	1	-	-	7	1	2	6	4	17	31	27	33	91	31	10	1	-	281
Total	31	-	1	-	1	8	2	6	20	9	31	47	39	50	116	41	12	3	1	418

Cases newly registered during year.

Forms B.D.8 were received in respect of the following:-

	Males	Females	Total
Certified blind	11	44	55
Certified partially-sighted	6	10	16
Certified not blind or partially-sighted	-	-	-
	17	54	71

Persons whose names were entered on the register of the blind during 1957 were aged:-

Under 20	*40-49*	*50-59*	*60-64*	*65-69*	*70-79*	*80-84*	*85-89*	*90 and over*	*Total*
2	2	2	1	7	21	14	4	2	55

Causes of Blindness (Persons notified 1957. Total 55)

(i) Primary Cataract Total 11.

(a) Suitable for surgical treatment, ages 54, 72, 82, 85, 85

(b) Not suitable for surgical treatment, ages 6, 46, 77, 78, 82, 84

(ii) Primary Glaucoma Total 10.

Ages 65, 68, 71, 74, 74, 78, 78, 79, 81, 88

(iii) Diabetes. Total 5.
Ages 64, 65, 69, 72, 78.

(iv) Errors of Refraction. Total 9.
Ages 48, 68, 70, 75, 76, 80, 83, 87, 92.

(v) Senile Macular Degeneration. Total 12.
Ages 71, 73, 76, 81, 82, 82, 82, 83, 84, 89, 89, 91.

(vi) Retina Defects. Total 3.
Ages, 5, 75, 80.

(vii) Syphilis, 1 aged 52.

(viii) Homonymous Hemianopia . 1 aged 78.

(ix) Radiation Epitheliomata of Eyelids. 1 aged 75.

(x) Temporal Arteritis. 1 aged 72.

(xi) Occlusion Central Retinal Vein and Occlusion Central Retinal Artery. 1 aged 70.

Partially Sighted.

Persons whose names were entered during 1957 in the register of the partially sighted were aged:-

Under 15	*21-49*	*50-64*	*65 and over*	*Total*
1	1	2	12	16

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:-				
(a) No treatment	7	10	-	40
(b) Treatment (medical, surgical or optical)	13	-	-	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	6	-	-	1

Ophthalmia Neonatorum

No injury to vision resulted from this cause.

Work of the Home Teachers

A total of 1518 visits was made to blind persons in their homes,

during which 143 lessons in embossed type and 16 lessons in handicrafts were given.

The handicraft class continued to meet weekly, instruction being given in chair-caning, weaving, netting, string-bag making, basket making and other crafts.

Home Workers.

At the end of the year there were 3 home workers in receipt of augmentation of wages, 2 engaged in basket making and 1 in circular machine knitting.

Periodicals.

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs.

Passes were issued to 297 blind people by the Council's Entertainments Committee, enabling them to use deck chairs on the promenades and cliffs - a privilege much appreciated.

Transport Passes.

Renewal transport passes were issued by the Joint Transport Undertaking to 213 registered blind persons who had previously been accorded this privilege. In addition 3 new passes were issued to totally blind persons during the year. We are grateful to the Undertaking for this continued concession.

EPILEPTICS AND SPASTICS CIRCULAR 26/53.

There are no special facilities locally for epileptics, and indeed the majority of sufferers from this complaint are able to lead normal lives, with suitable medication, provided their employment is suited to their disability.

During this year the Southend and District Branch of the National Spastics Society obtained the use of premises in Heygate Avenue for use as a social centre for their members, and also for the provision of occupational training for the young adult and adolescent spastics over school age. This is a field in which little has been done hitherto, and the members of the Society are to be commended for their enterprise and generosity.

NATIONAL ASSISTANCE ACT, 1948 SECTION 37.

Registration of Disabled Persons' or Old Persons' Homes.

		Registered at 31.12.57
Homes for Old Persons:	*No.*	*No. of beds*
Voluntary	3	132
Private †	14	† 107
Homes for Old and Disabled Persons:		
Voluntary	1	30
Private ‡	9	‡ 106

† 1 home also registered under Southend-on-Sea Corporation Act.

‡ 2 homes " " " " " " " "

Homes registered under Southend-on-Sea Corporation Act, 1947, Section 144.	5	43

During the year, the Council, by order, cancelled the registration of Mrs.L.Coleman as a person carrying on a home for old persons at 7 First Avenue, Westcliff-on-Sea. The grounds upon which the order was made was that -

> "you are not a fit person by reason of the way in which you have been conducting a home, to carry on the said home and that for reasons connected with the state of repair and equipment, the home is not fit to be used as an old persons home."

No representations were made by Mrs.Coleman in respect of this cancellation.

SECTION 47, REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION (NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951).

This Section empowers the removal of persons "suffering from grave chronic disease" or who, "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

SECTION 48, TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS.

It is mostly persons admitted to Mental Hospitals whose property requires the protection provided by this Section, and so it is convenient and logical to call on the duly authorised

officers to do this work. One hundred and seventy-three visits were made during the year. The work is time-consuming and can, upon occasion, be very unpleasant.

SECTION 49 RECEIVERSHIPS.

The temporary protection of the property of persons admitted to hospitals not infrequently involves the Department in a more permanent concern with their affairs. Notwithstanding the assistance from the Town Clerk's Department, for which we are most indebted, the discharge of the duties of Receivership continues to be tedious and exacting. Where estates are so small as to be unable to support the charges customarily made by banks and solicitors, and there are no friends or relatives willing or able to act, the local authority must do so, but one does not accept that the public health department is necessarily the most suitable agency for this work and consideration should be given to some alternative arrangement.

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1957.

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:

Alderman Mrs. C. Leyland, O.B.E.

Vice-Chairman:

Alderman P. B. Renshaw, I. S. O.

Ex-Officio:

Chairman of Education Committee
Councillor A. V. Mussett

Vice-Chairman of Education Committee:
Councillor L. W. Johnson, J.P.

Chairman of Maternity & Child Welfare Committee:
Alderman Mrs. M. Broom.

Councillor Mrs. H. Crawford.
Councillor O. A. Moss, F. H. A.
Councillor R. J. Watts.
Mr. E. S. Bowyer.
Miss E. O. Dowsett.
Mrs. T. E. Copeland.
Reverend Canon P. C. Lee.
Reverend Canon W. E. Toft.
Mr. T. L. Morgan, M. Sc., A. M. I. C. E., A. M. I. Struct. E.
Mr. F. R. Price, M. A.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:
J. Stevenson Logan, M. B., Ch. B., D. P. H.,

Deputy Principal School Medical Officer:
J. Conway Preston, M. R. C. S., L. R. C. P., D. P. H.,

School Medical Officers:
John Greenhalgh, M. B., B. S., M. R. C. S., L. R. C. P., D. A.,
Dorothy Kirby Paterson, M. B., B. S., M. R. C. S., L. R. C. P., D. P. H.
Dorothy Irene Klein, M. B., Ch. B., D. Obst. R. C. O. G.

Principal School Dental Officer:
Edgar C. Austen, L. D. S., R. C. S. (Eng).

Superintendent Health Visitor:
Miss Edith Roberts.

Health Visitors and School Nurses:
Miss M. N. Withams.
Miss D. E. Stevens.
Mrs. U. MacGrath.
Mrs. A. M. Hart.
Miss F. L. Blackbourn.
Miss M. K. Lock, resigned 24. 5. 57.
Mrs. J. M. Fairfax.
Miss M. Brennan.
Miss J. M. Gaillard.
Miss M. E. Bryant.
Miss M. E. Kidder, resigned 23. 2. 57.
Miss M. W. Nichols.
Miss K. Noonan.
Miss E. J. Watson, appointed 9. 10. 57
Mrs. L. W. Roshier, appointed 1. 10. 57.

Student Health Visitors under Training:
Miss M. A. L. Fowles, appointed 7. 1. 57.
Miss P. M. Reeves, appointed 7. 1. 57.
Miss R. G. H. Payne, appointed 23. 9. 57.

School Clinic Nurse:
Miss D. L. Willis.

Senior Educational Psychologist:
Hubert J. Wright, B. Sc.

Assistant Educational Psychologist:
Mrs. E. Holmes, B. A.

Psychiatric Social Worker:
Miss D. L. Freeman-Browne.

School Clinic Attendant:
Miss P. S. Allen, transferred to clerical duties 25. 3. 57.
Miss A. L. White, appointed 15. 4. 57.

Dental Attendant:
Miss I. J. Sinclair.

Clerks:
Mrs. L. C. Wright.
Miss P. Philbrick, resigned 15. 3. 57.
Miss B. Pettitt.
Miss E. Coales.
Miss P. S. Allen, appointed 25. 3. 57. (formerly school clinic attendant)
Mrs. J. C. Tavener, resigned 31. 12. 57.
Mrs. J. M. Rothwell, appointed 30. 12. 57.

B. PART-TIME OFFICERS

Psychiatrist:
H. Bevan Jones, M. R. C. S., L. R. C. P., D. P. M.

Speech Therapist:
Mrs. C. Young (nee Harries), L. C. S. T.

Physiotherapist at Open Air School:
Miss M. Putnam, M. C. S. P.

ANNUAL REPORT

In submitting this report for 1957 occasion is taken to acknowledge my continuing obligation to my deputy, Dr. Preston, and remind myself of his unfailing assistance and loyalty.

For the confidence of the Committee and the co-operation of its officers and teaching staffs, I am, as always, grateful.

J. Stevenson Logan.

PRINCIPAL SCHOOL MEDICAL OFFICER.

STAFF

The Principal School Dental Officer was again single-handed throughout the year. There is a danger that the familiarity of this problem will dull appreciation of its seriousness.

Further changes in the staff of health visitors and school nurses occurred. Miss M.E.Kidder resigned in February and Miss M.K. Lock in May, both to emigrate to the New World. These vacancies were filled, after a substantial interval, by the appointment of Mrs. L.W.Roshier and Miss E.J.Watson in October. The latter had previously been a member of the staff from May 1955 to October 1956.

Three student health visitors were appointed under the Committee's scheme of sponsored training, Miss M.A.L.Fowles and Miss P.M.Reeves in January, and Miss R.G.H.Payne in September.

Miss A.L.White was appointed as school clinic attendant in April, in succession to Miss P.S.Allen who transferred to the clerical staff in March to replace Miss P.Philbrick. In December the clerk of the Child Guidance Clinic, Mrs. J.C.Tavener, resigned and was succeeded by Mrs. J.M.Rothwell.

ROUTINE MEDICAL AND DENTAL INSPECTION

The number of children routinely inspected by the medical officers was 4,938, compared with 5,340 last year. This slight decrease is insignificant and probably accounted for by absences due to the influenza epidemic in the autumn, to which reference is made elsewhere.

There was no notable change in the incidence or pattern of defects found at routine inspections. The number of children whose general physical condition was considered to be unsatisfactory remained gratifyingly low, eleven this year and eight last year.

Routine dental inspections numbered 3,390 compared with 4,681 last year when the school dental officer had some part-time assistance for a portion of the year.

PROVISION OF MILK AND MEALS.

All milk supplied to the schools is pasteurised.

In January new school canteens were opened at Southend High School for Girls and St.Bernard's High School. Each has a dining capacity of 500, as has also the new canteen at Hamstel Primary School which was opened later. Progress towards the provision of meals cooked on the premises at all schools is proceeding as fast as the capital works programme will allow. The position has now been

reached where only some 1,500 meals, out of over 11,000 served per day, are supplied in heated containers from central kitchens.

Improvements of existing facilities were completed at Wentworth High School and Hamlet Court Primary Schools.

The proportion of children taking school meals was about 36% in the primary schools and 52% in the secondary schools.

A new development in the autumn term was the supply of meals to independent schools, the initial load being about 150 meals a day.

There was no outbreak of illness adjudged to be due to school meals this year. Two minor occurrences of gastro-intestinal symptoms were investigated but neither was considered to be food poisoning. Both occurred in the autumn term, when influenza and other respiratory infections were prevalent, and the clinical picture was suggestive of "epidemic nausea", to which reference has been made in previous reports.

1. ARRANGEMENTS FOR TREATMENT

A. School Clinics.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. from Monday to Friday throughout the year.

No.70 Burnham Road, Leigh-on-Sea.

Wednesday afternoon at 2.15 p.m. throughout the year.

Council Offices, High Street, Shoeburyness.

Thursday afternoon at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.

Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9. a.m., Monday to Saturday throughout the year. (Treatment by School Clinic Nurse).

C. Dental Clinic.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 11 sessions weekly throughout the year.

No.70 Burnham Road, Leigh-on-Sea.

Owing to staff shortage, this Clinic was not open during the year.

D. Eye Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday afternoon at 2.15 p.m. throughout the year.

E. Orthoptic Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Two sessions weekly - Monday morning and Wednesday afternoon.

F. Child Guidance Clinic.

Psychiatrist provided by Regional Hospital Board. Premises and ancillary staff provided by Local Authority.

No. 20 Warrior Square, Southend-on-Sea

The Clinic works on an appointments system. The psychiatrist attends on 4 sessions a week, on Monday and Friday throughout the year.

G. Speech Therapy Clinic.

No. 20, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Speech Therapist attends daily, mornings and afternoons, except Wednesday morning and after-noon and Saturday morning, when she is engaged on work for the Hospital Management Committee, and Thursday morning when she attends the Day Open Air School. The time-table is subject to variation when the Therapist has to visit schools to interview head teachers.

With the exception of the further restriction of the dental service, there was no alteration in the clinic arrangements this year.

Liaison between the school health service, the paediatric department of the hospital and the infant welfare services of the local health authority has been described in previous reports, and continued to be of the utmost value.

The range of treatment provided directly by the school health service has altered since the advent of the national health service. Specialist services formerly provided by the education authority have become the exclusive function of the Regional Hospital Board, and general practitioners are more frequently consulted in the minor problems with which the school clinic has traditionally been concerned. On the other hand the school health service has assumed further responsibilities both clinical and financial, among which may be cited the provision of convalescent treatment, hearing aids and physiotherapy.

2. MALNUTRITION

Although clinical evidence of malnutrition has become a rarity, there is still a need for facilities for free meals to children of necessitous families. These arrangements appear to be well known to parents. The health visitors and school nurses with their intimate knowledge of the families in their areas are able to advise parents whose economic circumstances bring them within the Committee's scale, and it is only exceptionally that the initiative in securing free meals comes from the medical officers.

3. MINOR AILMENTS

Treatment of minor ailments is provided at each of the inspection clinics and also daily at the treatment centre at the Municipal Health Centre which is open every morning throughout the year.

Attendances at the medical officers' inspection clinics numbered 4,470 compared with 4,454 in the previous year, and at the school clinic nurse's treatment sessions, 2,732, compared with 2,363.

The term "minor ailment" covers a wide variety of conditions, the only common factor in which is their suitability for ambulant treatment. In former years, apart from minor injuries, perhaps the two commonest conditions seen at the school clinics were impetigo and scabies. Both these are now uncommon, partly no doubt because of improved social conditions, but also because of more efficient methods of treatment which prevent their spread.

There is one infective minor ailment which has shown an increasing prevalence, namely plantar warts. This presents something of a paradox, in that there is some evidence to suggest that social habits, which in themselves represent an advance in personal hygiene, may favour the spread of infective warts. The possible association between plantar warts and the use of showers and swimming baths and the communal use of gymnasium shoes, is as difficult to ignore as it is to prove.

During the summer term twelve pupils of Eastwood High School presented themselves at the branch clinic held at the school for treatment of plantar warts. This number from one school, all appearing within the space of one month, was markedly in excess of the average expectation, and a foot inspection of the entire school was undertaken. This revealed a further 30 cases, fairly evenly spread throughout the school, together with a smaller number of cases of the fungus infection commonly known as athlete's foot.

In addition to instituting treatment for those affected it was decided, after consultation with the headmaster and the organiser of physical training, to suspend the use of the shower baths for the remainder of the term. The advent of the summer vacation prevented a detailed follow-up, but the number of warts seen at the school clinic soon fell to normal.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS

Routine cleanliness inspections of the pupils in boys' secondary schools were discontinued at the end of 1956. As a result of this the total number of examinations by the school nurses was

reduced to 47,216 compared with 52,531. The number of individual pupils found to be infested was 50, compared with 52 last year.

The very few instances of infestation in boys' secondary schools in recent years engendered confidence that the inspection procedure could be modified to this extent with safety, and so far this has been justified.

5. CONVALESCENT TREATMENT

The Education Committee continued to provide convalescent treatment for school children free of charge to parents. The number of applications remains small; six children received convalescent treatment this year.

6. DENTAL TREATMENT

Mr. E. C. Austen, principal school dental officer writes:-

"The vacancies for school dental officers remained unfilled throughout the year so that the principal school dental officer was again operating single handed.

The number of patients treated as casuals remained at the high level of 2,000 for a single operator, in consequence the average of conservations per session fell in comparison with the previous year. The epidemic of 'Asian' influenza which occurred in September and October caused the attendance of invited routine inspection patients to fall as low as 50%, so the points per session average dropped in the second half of the year to 17.6 per session.

In the course of routine dental inspections it was observed that the number of children referred for treatment showed an increase on those of the immediate post-war years, which probably reflects the ease with which children can now buy sweets and the habit of settling them down in bed at night with a sweet in the mouth.

The treatment of mothers and young children for whom the Health Committee is responsible was limited to the relief of pain and sepsis, nevertheless, it was found necessary to devote the equivalent of 25 sessions to this work. This I consider to be a rather high proportion of my time.

Orthodontic treatment continued steadily and 87 new appliances were provided during the year. Because of staff shortages, the volume of this work must be kept within a reasonable limit in relation to the total amount of routine inspections and treatment, so not more than one session per week was set aside for it.

During the year 20 dentures were provided to school children

15 of them being necessitated by accident; of the remaining 5, 4 were on account of acute caries which had been neglected until the teeth were beyond preservation, and one for congenital absence of permanent teeth. Three acrylic jacket crowns to live teeth were also fitted."

7. EYE DISEASES AND DEFECTIVE VISION

Only one refraction clinic a week is now held on the local authority's premises; the major part of the children's ophthalmic work is undertaken in the out-patient department at Southend General Hospital. At the clinic at the Municipal Health Centre 327 children made 995 attendances.

Operative treatment of squint is provided at Southend General Hospital.

The number of children found at routine medical inspections to have defective vision remains fairly constant, as does the incidence of minor external eye diseases seen at the school clinics.

8. ORTHOPTIC CLINIC

The orthoptist continued to attend at the Municipal Health Centre for two sessions a week. This clinic is now mainly used for treatment, the diagnostic part of the work being undertaken at the hospital, where cases of squint are seen by the consultant ophthalmic surgeon.

The number of children treated on school clinic premises was 67, and the number of attendances 402. The clinic is open to children from anywhere in the catchment area of the Southend Group Hospitals

9. DISEASES OF THE EAR, NOSE AND THROAT.

Specialist advice and in-patient treatment are provided at Southend General Hospital. There is little variation from year to year in the number of children who receive operative treatment for adenoids and chronic tonsillitis, except when an outbreak of poliomyelitis makes it necessary to interrupt the programme, with a consequent increase in the waiting list. This year 578 children had this operation, compared with 553 in 1956.

The following Table shows the number of children examined at routine medical inspections who were found to have had tonsillectomy at some time prior to examination.

ROUTINE MEDICAL INSPECTIONS 1957.

Children found to have had Tonsillectomy.

Age Groups Examined	*Number Examined*	*No. Had Tonsillectomy*	*Tonsillectomy Rate %*
Boys 5-9 years	969	78	8.05
Girls 5-9 years	891	69	7.74
Total	1860	147	7.90
Boys 10-12 years	867	122	14.07
Girls 10-12 years	988	144	14.57
Total	1855	266	14.34
Boys 13 and over	351	62	17.66
Girls 13 and over	872	182	20.87
Total	1223	244	19.95
Grand Total	4938	657	13.30

Children who are found to have defective hearing are referred for special investigation to the Audiology Unit at the Royal National Throat, Nose and Ear Hospital, where complete facilities are available for medical diagnosis and educational assessment. In suitable cases the Authority provides commercial hearing aids on the recommendation of the consultant otologist. Two children were provided with such aids this year, and four others are known to have been provided with the Medresco aid.

The proposal to establish a small unit for the partially deaf in a primary school has been commented upon previously. Having been unable to recruit a trained teacher of the deaf the Committee decided to offer sponsored training to one of their own teachers, and Miss Hughes began her studies in the Department of Deaf Education at Manchester University in October.

10. ORTHOPAEDIC DEFECTS

Before the introduction of the National Health Service Act, when the education authority was directly responsible for the provision of orthopaedic treatment for school children, an out-patient clinic was held quarterly at Southend General Hospital. All children referred through the school health service and the infant welfare services of the local health authority were reviewed by the orthopaedic surgeon at these clinics, at which the deputy school medical officer was present as an observer.

This system had originally much to commend it, but with the changes brought about by the national health service and the development of the orthopaedic facilities at the hospital, its particular advantages were gradually reduced. Fewer children are now referred through the school health service, because they reach the hospital through other channels, and with the appointment of a second orthopaedic surgeon, and an increased number of out-patient sessions, children can be seen more quickly through the ordinary out-patient machinery of the hospital. For these reasons the consultant surgeon suggested that the special quarterly clinic had outlived its usefulness, and the last clinic was held in April this year. It is natural that some reluctance should be felt at the severance of old ties, and this is a suitable occasion to acknowledge the debt of the school medical officer to the former consultant orthopaedic surgeon, Mr. B. Whitchurch Howell, and to his successor, Mr. John Shelswell, who kindly agreed to continue these special arrangements long after the obligation to do so had ceased.

Fortunately our relations with the orthopaedic and paediatric departments of the hospital are so firmly based that no lack of liaison need be feared from the discontinuance of this clinic.

The provision of physiotherapy at the Open Air School is now well established. The physiothapist attends on four mornings a week, and in addition to her orthopaedic work conducts group therapy for children suffering from asthma and other respiratory conditions.

11. SPEECH THERAPY CLINIC

The speech therapist is employed for eight sessions a week in the authority's clinic and for the remaining three sessions in the hospital, where she treats both adults and children. One of her sessions is conducted at the Open Air School where she deals chiefly with children suffering from cerebral palsy.

At the present time there is virtually no waiting list for the speech therapy clinic, but this varies in accordance with the number of children referred and the types of defect, since some conditions need to continue treatment for much longer than others.

There were no special features calling for comment during the year under review.

The following Table shows the number of defects under treatment during the year:-

Diagnosis	*Boys*	*Girls*	*Total*
Alalia ...	4	3	7
Dyslalia ...	32	22	54
Stammer ...	25	2	27
Dysarthria ...	1	1	2
Cleft Palate ...	3	5	8
Delayed Speech ...	7	4	11
Cerebral Palsy ...	3	3	6
Dysphonia ...	1	2	3
Hard of Hearing....	1	-	1
	77	42	119

12. CHILD GUIDANCE CLINIC

The interdependence of the School Psychological Service and the Child Guidance Clinic is well illustrated by the following quotation from a report by Mr.H.J.Wright, the senior educational psychologist, on the work of the School Psychological Service over the past six years:

"These two Services work closely together. The Child Guidance Clinic aims to help children and their parents with problems of development. Such problems vary considerably, e.g. bed-wetting, nervous mannerisms, fears, uncontrollable behaviour, etc. Many of these problems are brought to light by General Practitioners who refer the children to the Clinic. Some become evident in the school situation and are referred by the Head Teacher via the Educational Psychologist. All when examined need a comprehensive investigation of influences that may have a bearing on their difficulties. These are medical, psychiatric, social and educational. Hence the need for all these aspects to be covered by the Clinic team: Psychiatric Social Worker, Educational Psychologist and Psychiatrist. As the educational environment of a child plays a considerable part in its development, this always needs some attention and it is essential that the Psychologist who gives it should have first hand knowledge of the schools. This is one of the reasons why the duties of the two Educational Psychologists involve work both in the schools and the Clinic. (Another important reason is that the Psychologist keeps in touch with clinical concepts re child development and can use these in the work of the School Psychological Service).

The essential aim of the Child Guidance Clinic is to help the individual child to adjust by direct work with him, the family and, if necessary, the school. The School Psychological Service aims to give a service to the teacher, administrator, etc. They may ask for help and advice over individual children or over general problems to which the Psychologist can contribute. The problems presented may be such that the direct school environment

cannot be altered sufficiently to help a child - in this case transfer to another school or special class may be desirable. Some of the problems arising in the school situation stem from inadequacies in the general development of the child,and the more severe of such cases are referred to the Child Guidance Clinic. From time to time the Service feeds back information gathered from intensive study of children through courses and lectures."

The shortcomings of the present premises at 20 Warrior Square have been commented upon before and become increasingly evident as the work of the clinic, and the parallel remedial activities of the psychologists, develops.

The following table shows a summary of the work done at the clinic during the year:-

CHILD GUIDANCE CLINIC

Part time Psychiatrist:

Interviews with children	620
Interviews with parents	688
Interviews with Head Teachers, Probation Officers and other agencies	58

Psychiatric Social Worker:

Interviews with parents	1,019
Interviews with children	294
Home Visits	146
Visits - other agencies (e.g.Probation Officers)	343

Educational Psychologists:

Interviews with children at clinic	1,514
Interviews with children at school	382
Interviews with parents	758
Interviews with Head Teachers	354
Interviews with Probation Officers and other agencies	77
Home Visits	53

The following tables show the sources of referral in the 130 cases referred to the clinic during the year, and the age range of the children concerned.

Sources of Referral	*Boys*	*Girls*	*Total*
Parents	5	4	9
Principal School Medical Officer...	6	4	10
Probation Officers/Juvenile Court	8	2	10
Private Doctors	28	22	50
Other Agencies	5	3	8
Medical Officers (S.G.H.)...	2	4	6
Educational Psychologist ...	28	12	40
	82	51	133*

* 1 boy referred by 3 agencies
* 1 girl referred by 2 agencies

Age Range	*Boys*	*Girls*	*Total*
Under 5 years	3	2	5
5 - 7 years	17	7	24
8 -10 years	29	16	45
11 -13 years	22	13	35
14 -16 years	9	11	20
16 + ...	-	1	1
	80	50	130

FOLLOWING-UP AND WORK OF NURSES

In recent years comment in these reports has sought to illuminate and emphasise the wide range of social field-work undertaken by the combined health visitor and school nurse. For most of this year the staff was still below establishment and it is therefore not surprising that the number of follow-up visits was again fewer than is desirable. The record of these visits in recent years is as follows:-

1953	-	3232
1954	-	2164
1955	-	1616
1956	-	1719
1957	-	1323

The position is not in fact as wholly unsatisfactory as might appear from these figures. Follow-up visits form only a small part of the duties of the health visitor and school nurse. A year of relative freedom from major epidemics means fewer visits to cases of infectious disease. The public is more ready to seek advice and therefore less time needs to be spent in overcoming parental indifference. Minor ailments are more rapidly curable and hence need fewer re-visits. Nevertheless, because follow-up visits are the part of the nurses' duties which can be most easily deferred, the figures do provide a rough index of the pressure on the nursing section caused by shortage of staff.

The following table shows the follow-up visits made by the nurses during the year:-

	No. of Children	*No. of Visits*
Enlarged tonsils, adenoids or mouth-breathing... ...	74	74
Squint or defective vision...	221	221
Deformities	11	11
Verminous conditions ...	119	119
Infectious diseases ...	250	252
Contagious skin diseases ... (Impetigo,Scabies,Ringworm)	11	11
Malnutrition, neglect etc ...	14	10
Defective teeth	14	14
Tuberculosis	1	1
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc	611	610
Total	1,326	1,323

HANDICAPPED PUPILS

Reference has already been made to the projected unit for the partially deaf which it is hoped will be opened in the autumn of 1958.

Mrs.M.J.Horne took up duty as part-time teacher for hospital tuition in September. This enabled the time allotted to this work to be increased to four sessions a week, and also released Mrs. W.M.Prowse for a further two sessions a week of home tuition. The value of this provision for the more severely physically handicapped children becomes increasingly apparent, and the occasion of this separation of the hospital duties makes it appropriate to include the following report by Mrs.Prowse which was submitted to the Committee in October.

"Home and Hospital Tuition Report 1956/57.

This last school year four spastics and six children with other complaints and disabilities have been taught under the Home Tuition Scheme.

Time given:	Hospital Tuition	-	Two mornings per week
	Home Tuition	-	Average time per child, two forty-five minute periods per week.

Home Tuition

Physically handicapped but with speech

The curriculum as explained in previous reports has been continued and progress has been satisfactory.

A survey of the past work indicates that with the older children whose only tuition has been at home, a stage has now been reached where more teaching is desirable in subjects other than the basic, as the latter are outstripping the others.

One child is at a stage where an aim would induce greater mental stimulation and application. It is felt that to study for a certificate would suit this purpose. In this particular case the parents are keen and co-operative, and subject to medical confirmation this would be of benefit to the child. As an experiment, it might be possible to work for the Southend School Leaving Certificate, or similar.

From experience it becomes increasingly obvious that Home Tuition does play a vital part in bridging the educational gap during illness, and does much to inspire confidence and dispel the frustration that some of the more intelligent children feel concerning their school work. The general attitude is that short-

term invalids are always anxious not to fall behind the standards of their more fortunate school mates.

Spastic children with no speech or very little

Fortunately, from the medical point of view, only four spastics have been taught this year. Two were new pupils, and little comment as yet can be made on their progress. The other two, taught for a longer term, have confirmed what has been expressed in former reports, namely that all progress in this work is governed by physical condition. One pupil experiencing additional ill health seems to have made slow progress whilst the other pupil has confirmed the beneficial effect of persistent, and, what might have seemed at times, useless, tuition. This boy was examined recently by a specialist for physical and mental conditions, to consider obtaining a place in a suitable school. It was gratifying to hear from the parents that as far as his educational abilities were concerned he had attained the required standard. He is eleven years old and it has taken five years of patient teaching to obtain this result.

Conclusion

It becomes increasingly obvious that the Committee's efforts to persist in this branch of education have their rewards in that the pupil's attitude changes from routine to interest, with beneficial effect on both child and parent.

Hospital Tuition

Here again it was found that more time for teaching was necessary and as a result a part time teacher has been appointed.

The work forms a very interesting study as each case presents its own problem and the approach is extremely important. Broadly speaking, this falls into two categories, direct or indirect, the latter being very essential to nervous cases who require more confidence to attack the work than others. Most children who are ill for any length of time tend to lose some confidence in themselves, and an indirect and sympathetic approach assists to build up this characteristic. Difficulties are also added when, as in some cases, immobility leads to disinterest and laziness.

As usual, work has been submitted with this report. It is varied and has proved to be sufficient to maintain the standard required. Not the least aid to progress has been the sympathetic attitude of the Hospital staff to children and teacher alike, and as there is to be a change of teacher next school year, I would like to add a personal appreciation of the help received in every way in the past."

Another important development in the provision for handicapped pupils was the commencement in September of a special class for

Handicapped Pupils	*(1) Blind (2) Partially sighted.*		*(3) Deaf (4) Partially deaf*		*(5) Delicate (6) Physically handicapped.*		*(7) Education-ally sub-normal (8) Maladjusted*		*(9) Epileptic*	*TOTAL (1) - (9)*
In the year ended 31st December, 1957:-	*(1)*	*(2)*	*(3)*	*(4)*	*(5)*	*(6)*	*(7)*	*(8)*	*(9)*	*(10)*
A. Newly placed in Special Schools	-	1	-	-	16	6	33	1	-	57
B. Newly ascertained as requiring special schooling	-	2	-	-	17	6	32	1	-	58
On 31st January, 1958:-										
C. (i) Attending Special Schools.										
(a) Day	-	-	-	-	58	26	87	-	-	171
(b) Boarding	4	8	4	2	2	4	5	4	1	34
(ii) Attending Independent Schools	1	-	-	2	-	2	1	5	-	11
(iii) In Boarding Homes	-	-	-	-	1	-	-	-	-	1
TOTAL	5	8	4	4	61	32	93	9	1	217
D. Receiving Education otherwise than at School										
(i) In Hospital	-	-	-	-	7	3	-	-	-	10
(ii) In Other Groups	-	-	-	-	1	-	-	-	-	1
(iii) At Home	-	-	-	-	-	5	-	-	-	5
E. Requiring Places in Special Schools.										
(i) Day	-	-	-	-	-	-	20	-	-	20
(ii) Boarding	1	-	-	1	-	5	1	1	-	9

maladjusted children at Chalkwell Primary School under Mr.W.Verling who had been seconded for a special course of training in this work at London University. The need for some special provision of this nature to supplement the work of the Child Guidance Clinic and the four remedial reading centres already in existence, had long been recognised. The Report of the Committee on Maladjusted Children (the "Underwood Report") published in 1955, had recommended that "local education authorities should make more use of day treatment for maladjusted children, particularly special schools and part-time special classes". It is likely that the demand for this type of provision will grow. The Underwood Committee expressed the view that "staffing should be based on the principle that ordinarily a teacher cannot satisfactorily meet the needs of more than 10 maladjusted children, and that for some purposes a group may need to be considerably smaller".

This class therefore should be regarded as a pilot experiment through which experience will be gained, and upon which can be built a more comprehensive service in the future.

Children attending the special class may do so either full-time or part-time, according to their needs. Part-time attendance enables more children to be dealt with during the week, while preserving the maximum of 10 children at any one time. There were however several children presenting severe emotional difficulties, who were making little effective attendance or progress in ordinary classes, and it was therefore recommended that children needing full-time attendance should initally be given priority. Recommendations for admission to and discharge from the special class are made through the Child Guidance Clinic, with which the School Psychological Service is of course closely integrated, and in consultation with the head teacher of the school ordinarily attended by the child, and the teacher of the special class.

SPECIAL SCHOOLS

DAY OPEN AIR SCHOOL

The medical aspects of the organisation of this school have been dealt with in some detail in the reports for 1955 and 1956. In spite of the reduction in the number of children on roll from 120 to 100 (excluding the nursery class) it has been possible to avoid accumulating a waiting list. Within the limits of the number of places available the Committee have been pleased to admit, at the request of the Essex County Education Authority, several children from the adjacent areas of the County. Apart from the obvious advantage of a reasonable travelling distance

for the children, this arrangement ensures continuity of treatment for those who are under the care of Dr. Dobbs at Southend General Hospital and receive physiotherapy at the school.

During the year the physiotherapist, who attends on four mornings a week, carried out 1898 items of treatment.

The selection of children for admission is undertaken by the school medical officers. The deputy principal school medical officer visits the school once a week and examines a number of children each time, so that every child is examined at least once a term. During this year, 400 such special examinations were carried out.

The following table shows an analysis of the medical condition of the 126 children who were in attendance during the year:-

	Boys	*Girls*
Asthma	31	13
Bronchiectasis	3	4
Recurrent Respiratory Infections ...	14	10
Recovered Pulmonary Tuberculosis ...	1	3
Still's Disease...	1	1
Cerebral Palsy	6	9
Post-poliomyelitis	2	1
Pseudo-hypertrophic Muscular Dystrophy	1	-
Congenital Heart Disease... ...	4	-
Arthritis of Hip	-	1
Haemophilia	2	
General Debility	9	1
Spina Bifida	1	1
Diabetes Mellitus	1	-
Cervical Adenitis	1	-
Talipes	1	-
Fragilitas Ossium	1	-
Nephritis	-	1
Arthro-gryposis...	1	-
Post-Encephalitis	1	-
	81	45

ST. CHRISTOPHER SCHOOL

Admissions in the new school have been less quickly arranged than was anticipated, owing to difficulty in recruitment of teachers to provide additional classes. At the beginning of 1957 the number of pupils on roll was 62. By January 1958 the number had risen to 87, but there was a waiting list of 20 children, and a further substantial number in process of ascertainment.

It is natural that places should be allotted to those children who are most capable of benefiting from special educational treatment. It is also in accordance with modern thought that the range of ability of children admitted to special E.S.N. schools should be widened by the admission of some whose need for special education is established, but who would formerly have been regarded as of too high a grade for a special school. There is

however a danger that this policy may be carried too far, and result in a failure to provide places for the lower-grade children of border-line educability who should be given a trial in a special school. There is a serious need for special classes for higher-grade E.S.N. children in the ordinary schools, and to attempt to solve this problem by the admission of a large number of these children to St.Christopher School may create embarrassments in the future. The problem of providing special classes is not solely one of obtaining teachers with a vocation for this work. There is also the problem of accommodation, for it is essential that special classes should have small numbers if they are not to become merely a "D minus stream" with classes of 40 children.

The following table shows the number of children maintained in residential special schools not provided by the Authority.

BLIND AND PARTIALLY SIGHTED

	Boys	*Girls*
West of England School for the Partially Sighted	2	2
Dorton House, Aylesbury...	1	1
Worcester College	1	-
Blatchington Court School for Partially Sighted Boys...	1	-
John Capel Hanbury Hospital Home	-	1
Chorleywood Collegege	-	1
John Aird Day Special School (L.C.C.) ...	1	-
Hethersett	1	-
Exhall Grange, Coventry...	1	-

DEAF AND PARTIALLY DEAF

	Boys	*Girls*
Royal School for the Deaf,Margate ...	1	-
Brighton School for the Partially Deaf ...	2	-
Beverley School for the Deaf (Boarded out to attend as Day Pupil)	1	-
Tewin Water, Herts	1	-
Donnington Lodge for the Deaf	-	1
St.Thomas's,Basingstoke...	-	1
Needwood School for the Partially Deaf ...	1	1
Mrs.Ingall's,Woodford Green	1	2

EDUCATIONALLY SUBNORMAL

	Boys	*Girls*
Hassobury	-	1
East Hill House	2	-
Sheiling Curative School	1	-
Salmons Cross...	1	-
Besford Court...	3	-
St.Joseph's,Cranleigh	2	-

PHYSICALLY DEFECTIVE AND DELICATE

	Boys	*Girls*
Palace School,Ely	-	2
Hinwick Hall,Wellingborough	1	-
Burton Hill House,Malmesbury	-	1
St.Monica's Home,Kingsdown	-	1
St.Dominic's Open Air School	1	-
Hawksworth Hall	1	-
St.Mary's,Bexhill-on-Sea	-	1
St.Patrick's,Hayling Island	-	1
Hengrove School	1	-
Oak Bank, Sevenoaks	-	1

EPILEPTIC

	Boys	Girls
Colthurst House...	1	-
Chalfont Colony...	-	1

MALADJUSTED

	Boys	Girls
St.Catharine's Home,Almondsbury	1	-
Nazeing Park School	1	1
Ramsden Hall	1	-
St.Joseph's,East Finchley	-	1
Alresford Place...	1	1
Rudolf School,Dulwich	-	1
Epping House	1	-
Whatcombe House,Somerset...	1	-
Thos.More School, Frensham	1	-

NURSERY CLASSES

There are still only two nursery classes, at Bournemouth Park Primary School and the Open Air School respectively. They are unable to accept children below the age of three years, and their population is to some extent selected on grounds of special need, whether medical or social.

No special medical problems were encountered during the year.

TRAINING OF DISABLED PERSONS

The arrangements for the referral of disabled students attending courses at the Municipal College to the school medical officer for advice on their disability are still in being, but have rarely been invoked in recent years. It is usually found that the student is already in touch with a hospital or general practitioner and all necessary arrangements for medical supervision have been made.

The arrangements for the provision of vocational training of disabled students with special defects have been referred to in previous reports.

The classes for adult backward readers, and for lip reading for the hard-of-hearing, were again a valued feature of the evening courses at the Municipal College.

EMPLOYMENT OF SCHOOL CHILDREN

The number of children examined with a view to employment out of school hours was 472, compared with 420 the year before. Of this total 377 were boys and 95 were girls. Pupils attending grammar schools totalled 64 boys and 10 girls. In addition 14 girls were examined for temporary theatrical licences.

Although it is seldom necessary to forbid a child to

undertake employment on medical grounds, this examination can fill a useful purpose. It provides an opportunity to impress upon parents the necessity of making sure that the child has adequate rest and is not overburdened with work in addition to whole-time education. It might perhaps be more accurate to say that it would provide such an opportunity if parents took the trouble to attend the examination, but in fact they seldom do, and these examinations too frequently provide for the adolescent an initiation into the practice of going to the doctor for a certificate instead of for advice, which is doing so much to debase the currency of medical practice today.

YOUTH EMPLOYMENT SERVICE

The school leaving report forms, appropriate sections of which are completed by the pupil himself and by the head teacher, are scrutinised by the school medical officer in conjunction with the pupil's medical records. It is thus possible to correlate the pupil's expressed preference for employment and the head teacher's comments on his health and physique, with what is known of his medical history. Where necessary this can be supplemented by consultation or special medical examination, but in most cases where restricted choice of employment is likely to be advised, the child is already well known to the school medical officer.

It is a pleasure once again to acknowledge the valued help of the Youth Employment Officers in the placement of handicapped pupils.

SCHOOL HYGIENE

Good hygiene in the schools is sometimes rather taken for granted. In fact there is still a wide gulf between the best and the worst, although steady progress is being made by the Committee's vigorous policy of modernisation, particularly in regard to school canteens and the installation of new toilet suites in the older schools.

The problems presented by the use of temporary accommodation in church halls and the like have been referred to before, and will remain with us for some years to come.

Ablution facilities are still in many cases less than adequate. Much has been done to provide hot water supplies where previously only cold water was available, but the installation of an electric storage heater over one basin in a suite of six causes an undue concentration of use, which is evident from comparison of the state of the towel which is hung nearest to the hot water supply with its relatively immaculate fellows more remotely placed.

The continued use of roller towels throughout the schools deserves to be re-examined in the light of more modern alternatives now available. Whenever Sonne dysentery has become prevalent in a school these have been temporarily replaced by individual paper towels, and at the time of writing, a pilot experiment is being conducted to compare the advantages and relative cost of providing an exclusively paper towel service in selected schools.

School hygiene does not comprise only sanitary conditions, but should take account of all the environmental circumstances in which the staff and children work. Thus, the head teacher of one of the older schools due for extensive alterations, sought advice on the possible influence of inadequate lighting in the classrooms in producing what was thought to be an unduly high proportion of eye defects among the pupils. Although the lighting in the school fell short of modern standards, analysis of the reported cases of eye defects and comparison of the incidence of defective vision found at routine medical inspection of children of the same age groups in this and other schools, did not support the view that lighting conditions were a factor of importance. Most of the reported eye defects were minor external conditions such as blepharitis, and the true incidence of defective vision did not exceed that found in comparable schools.

Just as the cobbler's child is said to be the worst-shod, one of the environmental circumstances most open to criticism is the conditions under which medical inspections have frequently to be conducted in schools which have no proper medical room. This is accentuated when overcrowding in the schools makes it impossible to place a spare classroom at the doctor's disposal, and one small room has to serve as waiting room for parents, undressing room, space for the nurse to measure height, weight and visual acuity, and medical consultation room. Visual privacy can be achieved by screens, but when to this restricted space is added one of the more uninhibited forms of group activity in the adjacent school hall, confidential discussion becomes impossible.

INFECTIOUS DISEASES

The only major epidemic was the outbreak of Asian influenza in the autumn, and fortunately this was of short duration although at its peak some schools had over 40% of children absent. It began towards the end of September, rapidly reached a maximum, and was beginning to decline by the middle of October. The first impact was felt mainly in the secondary schools, and the peak incidence

in the primary schools came about two weeks later. In the vast majority of cases, recovery was rapid and complications absent, but one pupil at a grammar school died in Westcliff Hospital of staphylococcal pneumonia.

Infective hepatitis, also known as catarrhal jaundice, has shown an increasing prevalence in recent years. It is notifiable in the Eastern Region although not nationally. Our knowledge of its mode of spread is incomplete, and investigation is hampered by the extreme variability of its clinical severity and of the incubation period. While there has been no large or explosive outbreak, it has rarely been absent from the community in the past two years, and there is some suggestive evidence of school spread.

PROPHYLACTIC MEASURES

(a) B.C.G. Vaccination

As in previous years, B.C.G. vaccination was offered to all pupils over thirteen and a half years in the secondary schools. The number of children who were Mantoux tested was 1,356 and 1,222 received the vaccine. The corresponding figures for 1956 were 1,157 and 923 respectively. In addition 431 children who had previously received B.C.G. were re-tested.

Independent of the B.C.G. programme, a Mantoux test survey was carried out on 266 pupils at Southend High School for Boys who could have had opportunities of contact with a case of tuberculosis. In this instance no evidence of anything untoward was found; the number of positive reactors did not exceed the expected ratio for the age group, and X-ray of the positive reactors did not reveal any recent or active infection.

(b) Poliomyelitis Vaccination

As in the previous year, the Education Committee permitted the machinery of the schools to be used for the distribution of publicity material and consent forms. Owing to limitations of supplies this year, vaccination was restricted to age groups selected by the Ministry of Health, and a formidable waiting list developed. Vaccination was continued as supplies of vaccine were received throughout the year, the previous policy of interruption during the summer months having been abandoned.

PRIMARY AND SECONDARY SCHOOLS

RETURN OF MEDICAL INSPECTIONS:- YEAR ENDED 31ST DECEMBER, 1957.

TABLE I

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:-

First Age Group ...	1,860
Second Age Group ...	1,855
Third Age Group ...	1,223
Number of other Periodic Inspections	-
Total	4,938

B. OTHER INSPECTIONS.

Number of Special Inspections ...	6,323
Number of Re-Inspections ...	5,551
Total	11,874

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Table III* (3)	*Total individual pupils* (4)
First Age Group	22	181	198
Second Age Group	89	130	205
Third Age Group	55	96	145
Other Periodic Inspections	-	-	-
Grand Total	166	407	548

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups (1)	No. of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col.2 (4)	No. (5)	% of Col.2 (6)
First Age Group	1,860	1,849	99.41	11	0.59
Second Age Group	1,855	1,855	100.	-	-
Third Age Group	1,223	1,223	100.	-	-
Other Periodic Inspections	-	-	-	-	-
Total	4,938	4,927	99.87	11	0.13

TABLE II

INFESTATION WITH VERMIN

(I) Total number of examinations in the schools by school nurses or other authorised persons ...	47,216
(II) Total number of individual pupils found to be infested	50

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1957.

A.- Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin ...	59	35	77	22	179	95
5	Eyes -						
	(a) Vision ...	22	79	55	180	166	426
	(b) Squint ...	7	42	2	8	20	69
	(c) Other ...	28	8	3	1	57	11
6	Ears -						
	(a) Hearing...	7	13	1	1	17	20
	(b) Otitis Media	2	-	-	-	3	-
	(c) Other ...	1	7	-	2	4	13
7	Nose and Throat	44	207	-	26	63	301
8	Speech ...	7	32	-	1	10	35
9	Lymphatic Glands	-	66	-	1	-	73
10	Heart ...	-	11	-	8	-	28
11	Lungs ...	6	149	-	103	11	338
12	Developmental:-						
	(a) Hernia ...	1	5	-	1	1	10
	(b) Other ...	3	70	1	-	5	102
13	Orthopaedic:-						
	(a) Posture...	-	11	2	51	2	100
	(b) Feet ...	1	10	-	3	2	22
	(c) Other ...	13	68	2	54	22	184
14	Nervous system:-						
	(a) Epilepsy	-	14	-	13	-	24
	(b) Other ...	-	9	-	13	1	52
15	Psychological:-						
	(a) Development	-	7	-	-	-	17
	(b) Stability	3	44	-	22	7	81
16	Abdomen ...	1	7	-	7	1	36
17	Other ...	21	70	12	55	56	193

TAELE III (Continued)

B - Special Inspections

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS Requiring Treatment (3)	SPECIAL INSPECTIONS Requiring Observation (4)
4	Skin	321	26
5	Eyes - (a) Vision... ...	540	27
	(b) Squint... ...	9	2
	(c) Other	129	14
6	Ears - (a) Hearing ...	27	5
	(b) Otitis Media ...	18	9
	(c) Other	69	-
7	Nose and Throat	112	34
8	Speech	4	2
9	Lymphatic Glands	6	3
10	Heart	2	-
11	Lungs	27	17
12	Developmental:-		
	(a) Hernia... ...	-	-
	(b) Other	4	2
13	Orthopaedic:-		
	(a) Posture ...	1	3
	(b) Feet	37	6
	(c) Other	102	7
14	Nervous system:-		
	(a) Epilepsy ...	-	1
	(b) Other	10	7
15	Psychological:-		
	(a) Development ...	13	10
	(b) Stability ...	254	8
16	Abdomen	11	12
17	Other	778	129

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Notes:- In Groups 1,2 and 3 treatment includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, (i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously,) or provided otherwise than by the Authority (i.e. known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

GROUP 1 - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	140	125
Errors of refraction (including squint)	327	195
Total	467	320
Number of pupils for whom spectacles were (a) Prescribed ...	295	Not known

GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	*Otherwise*
Received operative treatment		
(a) for diseases of the ear	-	20
(b) for adenoids and chronic tonsillitis	-	578
(c) for other nose and throat conditions	-	14
Received other forms of treatment	83	45
Total	83	657
Total number of pupils in school who are known to have been provided with hearing aids.		
(a) in 1957	2	4
(b) in previous years ...	2	17

GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patients departments	-	391

GROUP 4 - DISEASES OF THE SKIN (excluding uncleanliness for which see Table 11).

	Number of cases treated or under treatment during the year by the Authority.
Ringworm - (i) Scalp ...	-
(ii) Body ...	6
Scabies	1
Impetigo	21
Other skin diseases... ...	501
Total	529

GROUP 5 - CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	248

GROUP 6 - SPEECH THERAPY

Number of pupils treated by Speech Therapist under arrangements made by the Authority	119

GROUP 7 - OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	696
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	6
(c) Pupils who received B.C.G. vaccination	1,222
(d) Tuberculin Survey (other than for B.C.G.)	266
Total	2,190

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:-		
	(a) At Periodic Inspections... ...	3,390
	(b) As Specials	2,000
	(c) TOTAL	5,390
(2) Number found to require treatment ...		3,736
(3) Number offered treatment		3,639
(4) Number actually treated		2,862
(5) Number of attendances made by pupils for treatment including those recorded at 11(h) overleaf		4,749
(6) Half days devoted to:-		
	(a) Periodic (School) Inspection ...	20
	(b) Treatment	407
	Total	427
(7) Fillings:-		
	Permanent Teeth	1,240
	Temporary Teeth	20
	Total	1,260

(8)	Number of teeth filled:-	
	Permanent Teeth	1,119
	Temporary Teeth	16
	Total	1,135
(9)	Extractions:-	
	Permanent Teeth	885
	Temporary Teeth	4,552
	Total	5,437
(10)	Administration of general anaesthetics for extraction	2,355
(11)	Orthodontics:-	
	(a) Cases commenced during the year	75
	(b) Cases carried forward from previous year	25
	(c) Cases completed during the year	30
	(d) Cases discontinued during the year	19
	(e) Pupils treated with appliances...	75
	(f) Removable appliances fitted ...	87
	(g) Fixed appliances fitted ...	-
	(h) Total attendances	916
(12)	Number of pupils supplied with artificial dentures	22
(13)	Other operations:-	
	(a) Permanent Teeth	231
	(b) Temporary Teeth	-
	Total	231